



Healing Harvests 2012 Member Basket Agreement

Please note you must be a member of Healing Harvests Locally Grown Program to participate

Name: _____ E-Mail: _____

Phone (Home): _____ (Cell) _____ (Work) _____

Vegetable Member Basket Share - May through November

- Cost:** 21 Weeks \$450.00 – A weekly harvest basket for 21 consecutive weeks
 14 Weeks \$325.00 – A weekly harvest basket for 14 consecutive weeks
 10 baskets \$250.00 – A harvest basket *every other week* during summer program
 7 Weeks \$175.00 – A weekly harvest basket for 7 consecutive weeks

*\$50.00 Non-refundable Deposit (**Due immediately to secure basket**) Balance due by May 31, 2012*

Delivery Day is Wednesday - Please select your preferred pick up location:

Delivery Times Vary, Please make note of your locations time

Heath Health Foods 2006 Lone Oak Road, Paducah, KY (10:00 AM – 6:00 PM)	Morefield Chiropractic Center (Reidland) 7030 US Hwy 68, Paducah (4:00 PM – 5:00 PM)
Fountain Ave United Methodist Church 300 Fountain Avenue, Paducah, KY (5:30 PM – 6:00 PM)	Sun Touch Massage School (Mayfield) 941 West Broadway, Mayfield, KY (to be determined)
Mike's Kettlebell Club 106 Broadway, Paducah, KY (to be determined)	Total Health Chiropractic (Benton) 374 West Fifth Street, Benton KY (4:00 PM – 5:00 PM)
James Sanders Nursery 4123 Schneidman Road, Paducah, KY (3:30 PM – 4:30 PM)	Peach Blossom (Murray) 1304 F Chestnut, Murray, KY (to be determined)
Go Performance & Fitness (in the SportsPlex) 6525 US HWY 60 W, Suite 100 Paducah, KY (to be determined)	Chiropractic Works (Metropolis) 723 Market Street, Metropolis, IL (to be determined)
Southside Family Chiropractic 3333 Irvin Cobb Drive, Suite 104, Paducah (3:00 PM - 4:00 PM)	(Location Pending)

I understand that I am making a commitment to Healing Harvests and the producers and recognize that there is no guarantee on the exact amount of produce I will receive for my share. I will share both the rewards and the risks of the growing season along with the other members and the growers. It is my responsibility to pick up my share within scheduled pickup hours. If it is not picked up, I understand that it may be donated elsewhere unless I make other arrangements with Healing Harvests.

Signature: _____

Date: _____