

WILSON FARM

Participation Form



Organization Information

Organization Name (school, team or group): _____

Address: _____

Phone Number: _____

Contact Person: _____

Email Address: _____

Please check the fundraiser that you're interested in participating in.

Valentine's Day

Fall Harvest

Other

Spring/Easter

Holiday Pies

Mother's Day

Holiday (wreaths/greens/ponsettias/pies)

Authorization

I certify that I am the group/organization leader responsible for this fundraiser. I am over 18 years of age, and can be contacted at the address, phone number and email address above. I personally guarantee that I, or the organization I represent, will pay all product charges at the time of pickup or delivery. I understand that no credits will be issued for unsold products.

Signature

Date