

WILSON FARM

Participation Form



Organization Information

Organization Name _____

Address _____

Phone Number _____

Email Address _____

Website _____

Contact Information

Group Leader Contact Name _____

Address _____

Phone Number _____

Email Address _____

Please check the fundraisers that you are interested in participating in.

Valentines

Easter/Spring

Mother's Day

Fall

Pies

Holiday (wreaths/greens)

Other

Other

Authorization:

I certify that I am the leader responsible for this organization. I am over 18 years of age, and can be contacted at the address, phone number and email address listed above. I personally guaranteed that either myself 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