FARMERS' MARKET

FARMER CROP PLAN – 2017

Name_____

Farm Name_____Acres in production_____

Mailing Address_____

Farm location (travel directions)_____

I am a bona fide New York State agricultural producer and plan to grow or produce the corps listed below in 2017 on land owned or leased by me. I agree to abide by the rules of the Farmers' Market and understand that violation of the rules may result in suspension or loss of my privilege to sell at the market and to participate in the FMNP. I understand that a farmers' market or department representative may verify the information provided on this application by visiting my farm or requesting other evidence of my bona fide farmer status. I agree to inform the market of any changes in my production or marketing that affect the validity of the information below.

Signed_____ Date_____

2017 CROP PLAN

Product	Acres*	Months**	Product	Acres*	Months**

*or row feet (specify) **or weeks (specify)

Product	Acres*	Months**	Product	Acres*	Months**