



## Otis Farmers Market 2022 Crop Plan

All Growers must fill out this form and sign it before selling at the market.

Your Name(s): \_\_\_\_\_

Farm Name: \_\_\_\_\_

Addresses:	Residential:	Mailing (if different):
Street or P.O. Box:		
Town:		
Zip Code:		

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Best way to reach you: \_\_\_\_\_

**Products I plan to grow for sale at market**  
**(Please check all that applies):**

**Vegetables:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asparagus        | <input type="checkbox"/> Beans (Green)   | <input type="checkbox"/> Beans (String)  |
| <input type="checkbox"/> Beans (Wax)      | <input type="checkbox"/> Beets           | <input type="checkbox"/> Broccoli        |
| <input type="checkbox"/> Brussels Sprouts | <input type="checkbox"/> Cabbage         | <input type="checkbox"/> Carrots         |
| <input type="checkbox"/> Cauliflower      | <input type="checkbox"/> Celery          | <input type="checkbox"/> Chard           |
| <input type="checkbox"/> Corn             | <input type="checkbox"/> Cucumbers       | <input type="checkbox"/> Eggplant        |
| <input type="checkbox"/> Greens           | <input type="checkbox"/> Kale            | <input type="checkbox"/> Leeks           |
| <input type="checkbox"/> Lettuce          | <input type="checkbox"/> Mesclun         | <input type="checkbox"/> Mustards        |
| <input type="checkbox"/> Onion            | <input type="checkbox"/> Peas            | <input type="checkbox"/> Peppers (hot)   |
| <input type="checkbox"/> Peppers (sweet)  | <input type="checkbox"/> Potatoes        | <input type="checkbox"/> Pumpkins        |
| <input type="checkbox"/> Radishes         | <input type="checkbox"/> Rhubarb         | <input type="checkbox"/> Scallion        |
| <input type="checkbox"/> Spinach          | <input type="checkbox"/> Squash (summer) | <input type="checkbox"/> Squash (winter) |
| <input type="checkbox"/> Tomatoes         | <input type="checkbox"/> Turnip          | <input type="checkbox"/> Zucchini        |

Other Vegetables (be specific): \_\_\_\_\_

**Fruits:**

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Apples      | <input type="checkbox"/> Blackberries | <input type="checkbox"/> Black Raspberries |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Cantaloupe   | <input type="checkbox"/> Husk Cherries     |
| <input type="checkbox"/> Nectarines  | <input type="checkbox"/> Peaches      | <input type="checkbox"/> Pears             |
| <input type="checkbox"/> Plums       | <input type="checkbox"/> Raspberries  | <input type="checkbox"/> Strawberries      |
| <input type="checkbox"/> Watermelons |                                       |  |

Other Fruits (be specific): \_\_\_\_\_

**Herbs:**

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Basil           | <input type="checkbox"/> Calendula  | <input type="checkbox"/> Cat Nip         |
| <input type="checkbox"/> Chives          | <input type="checkbox"/> Dill       | <input type="checkbox"/> Fennel          |
| <input type="checkbox"/> Garlic          | <input type="checkbox"/> Lemon Balm | <input type="checkbox"/> Mint            |
| <input type="checkbox"/> Nasturtiums     | <input type="checkbox"/> Oregano    | <input type="checkbox"/> Parsley         |
| <input type="checkbox"/> Rosemary        | <input type="checkbox"/> Sage       | <input type="checkbox"/> Savory (summer) |
| <input type="checkbox"/> Savory (winter) | <input type="checkbox"/> Tarragon   | <input type="checkbox"/> Thyme           |

Other Herbs (be specific); \_\_\_\_\_

**Plants:**

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Bedding Plants | <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Hanging Plants   |
| <input type="checkbox"/> House Plants   | <input type="checkbox"/> Mums        | <input type="checkbox"/> Nursery Stock    |
| <input type="checkbox"/> Perennials     | <input type="checkbox"/> Shrubs      | <input type="checkbox"/> Vegetable Plants |
| <input type="checkbox"/> Wild Flowers   |                                      |   |

Other Plants (be specific): \_\_\_\_\_

**Other Products:**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Cheese                      | <input type="checkbox"/> Dog Biscuits     |
| <input type="checkbox"/> Eggs        | <input type="checkbox"/> Farm Animals                | <input type="checkbox"/> Fruit Butters    |
| <input type="checkbox"/> Fudge       | <input type="checkbox"/> Honey                       | <input type="checkbox"/> Jams and Jellies |
| <input type="checkbox"/> Maple Syrup | <input type="checkbox"/> Relishes                    | <input type="checkbox"/> Sauces           |
| <input type="checkbox"/> Soaps       | <input type="checkbox"/> Milk (Cow)                  | <input type="checkbox"/> Milk (Goat)      |
| <input type="checkbox"/> Yogurt      | <input type="checkbox"/> Meat (please specify below) |   |

Other Products (be specific): \_\_\_\_\_

Please provide as comprehensive a description of your farm and processed products as possible. Include acreage and list of your products, and volumes and types of processed products. Some or all of this information may be used in market promotional materials, brochures and website, as well as advertising for our CSM. (Use reverse side if needed)

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Are you certified organic?  No  Yes (include copy of most recent cert.)

Help us determine the numbers of members that we will have throughout the market season. Please circle the months that you plan on attending:

May                  June                  July                  August                  September                  October

Do you plan on being one of the following, please circle one:

Full-Time Vendor    Part-Time Vendor    Peak-Season Vendor    Drop-In Vendor **I,**

\_\_\_\_\_, **have read  
the Otis Farmers Market rules. I understand them and I agree that both  
myself and my employees will follow them.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Treasurer's Use:**

**Payment Rec'd:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**License provided?** \_\_\_\_\_