

COUNTY WEXFORD
ORGANIC CENTRE



Fresh seasonal produce

Box Scheme Order Form

Name _____

Address _____

Telephone No.: _____

Please specify start date:

Month: _____ Week: _____

Please tick one: Weekly Fortnightly

Number of weeks required (min. 4): _____

Please specify weeks when not required:

Box Size: Small Large (€10-20)

Payment by cash / cheque / P.O.