

GREATER NORTHWEST OHIO FARM PRODUCTS DIRECTORY

Farm Name: _____

Farm Operator(s): _____

Farm Location: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Where are your products available? _____

Description of business and products: _____

Years of operation: _____

Farming practices (optional): certified organic ___ certified naturally grown ___

chemical/pesticide free ___ conventional ___ grass fed or pastured ___

other (please explain) _____

Do you participate in the Senior Farmer's Market Nutrition Program? Yes ___ No ___

Do you participate in the WIC Program? Yes _____ No _____

In order to be listed in the directory, **please respond by 02/15/2012**. Mail/ e-mail information to

Sherry Fleming
P.O. Box 291
Bryan, OH 43506
wmscoa@yahoo.com