



COMMUNITY GARDEN PLOT REGISTRATION FORM

Name _____ Date _____

Address _____

City _____ Zip _____

Phone (home) _____ (work) _____

Email Address: _____

Names of Other Gardeners Working on Your Plot

(If more than two, please provide additional names on separate piece of paper)

1) _____

2) _____

Did you have a garden plot with this **Community Garden** last year? _____ Yes _____ No

A plot fee of \$10 is required before the plot can be assigned. This fee will go toward expenses of the community garden (water bills, community tools, etc.).

Please mark at **LEAST** one area that you would be interested in volunteering during the season. Each gardener is expected to help during the season with general chores and site maintenance.

___ Site maintenance

___ Path maintenance

___ Construction projects

___ Watering

___ Annual planting

___ Fall cleanup

___ Composting

___ Social events

___ Spring cleanup

___ Communication crew

___ Community Garden Committee

By signing below, I agree that I have read and understand the Community Garden Rules and plan to abide by them. I understand that neither the garden group nor owner of the land are responsible for my actions. I understand that failure to meet the guidelines will result in loss of gardening privileges.

Signature _____ Date _____



This health center is a Health Center Program grantee under 42 U.S.C. 254b,
and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).