



COMMUNITY GARDEN APPLICATION

Are foraging deer, lack of a backyard, too much shade, or physical challenges keeping you from growing flowers and vegetables? Are you a long time gardener, someone who is interested in eating fresh, organic produce, or a cook interested in growing different varieties of ethnic vegetables?

If these questions have piqued your interest in community gardening, please fill out this application to register for one of the 4'X8' raised garden beds. **PLEASE BE ADVISED THAT FILLING OUT THIS FORM DOES NOT GUARANTEE YOU A BED THIS YEAR.** There are a limited number of raised beds and 6 2'x6' handicap-accessible beds.

4'x 8' RAISED PLANTING BED: \$20 FOR 2016 SEASON
2'X 6' HANDICAP-ACCESSIBLE PLANTING BED: \$10 FOR 2016 SEASON

Have you been involved in a community garden elsewhere? Yes No

Are you interested in growing (circle all that apply): vegetables flowers herbs (Only 1/4 of the bed can be planted with flowers)

Do you consider yourself an: experienced gardener beginner gardener first-time gardener

Would you be interested in being a garden volunteer? (Helping with construction, seasonal maintenance, or mentoring) Yes No

THIS IS AN ORGANIC GARDEN and only certain methods of pest and weed control will be acceptable.
Are you willing to comply with this rule? Yes No

Would raised-bed gardening better meet your physical needs? Yes No

PRIMARY GARDENER NAME _____ AGE: (optional) (please circle range) 18-30 30-50 50-up

ADDRESS _____

EMAIL _____ HOME PHONE _____ CELL PHONE _____

Names and ages of any other family members or gardening partners who you think might garden with you:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

COMPLETE THIS FORM AND RETURN ASAP
BEDS WILL BE AWARDED ON A FIRST COME, FIRST SERVED BASIS

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