



## 2019 Garden Bed Application Form

### Gardener Information:

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home) \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #: \_\_\_\_\_

I would like a full bed (4' x 8') \_\_\_\_\_

I would like a half bed (4' x 4') \_\_\_\_\_

I would like a raised bed (4' x 6' x 3' high) \_\_\_\_\_

**Plot fees are as follows: Full Bed: \$20; Raised Bed: \$20; Half Bed: \$10.**

### Please check all that are appropriate:

I am a senior citizen: \_\_\_\_\_

I am physically disabled: \_\_\_\_\_

I am new to gardening: \_\_\_\_\_

I am an experienced gardener: \_\_\_\_\_

I would like to garden next to a friend: \_\_\_\_ Friend's name: \_\_\_\_\_

I would like some assistance with the plot fee: \_\_\_\_\_

I would like the same plot I had last year: \_\_\_\_\_

**Garden Rules:** I have read and agree to abide by the rules of the St James Community Garden.

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

Email completed form to : stjamescommunitygarden@gmail.com or drop off at the church.

Committee Use Only:

Bed assigned: \_\_\_\_

Fee paid: \_\_\_\_\_

Waiver signed: \_\_\_\_\_