

COMMUNITY GARDEN PLOT REGISTRATION FORM

Name: _____

Address: _____

Email: _____

Phone: _____ Cell: _____

Please indicate if you would like your plot to be ORGANIC only: **Organic** **NOT Organic**

Plots are 18’x19’. How many plots would like? _____

Please circle the gardening season(s) you will be participating in:

Winter - \$40/plot
(Nov.-Feb.)

Spring/Summer - \$80/plot
(March-Oct.)

All Year - \$100/plot
(March-March)

I have read and agree to the rules and payment plans of this Community Garden.

Signature: _____ Date: _____

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