

2017 Community Garden Application

Name(s): _____

Address: _____

Home Phone Number: _____ Cell: _____

Email: _____

Please check where you would like to have your plot:

Glen Garden

Multicultural Garden

Killiam Garden

Other: _____

Mosaic Garden

*There is a plot fee to help cover gardening supplies. It is due at the first meeting.

Is there anyone in your home living with a disability, health problem, or other circumstance that prevents them from going to school or work? YES / NO

If yes please explain: _____
_____.

Do you have a garden anywhere else? _____ If yes, where? _____

People Living in your home (For statistical purposes only):

Name	Age
1.	
2.	
3.	
4.	
5.	
6.	

7.	
8.	
9.	
10.	
11.	
12.	

For office use only:
Garden plot assigned YES / NO
Name of garden _____.
Fees paid _____