

## 2020 Community Garden Application

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

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

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle 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 _____