Union County Community Garden
Application Form
(please print)

Name   _____

Address _____
                    street   city   zip

Phone   _____
                    days   evenings   cell phone

email   _____

What area of the garden would you like to be in? _____

Size of Plot: 10x20

Season:
        Year round (must be maintained all year)
        Short season (include dates) _____
        Check all that apply:
        • I am a senior citizen
        • I am physically disabled
        • This is my first year at this garden
        • I would like a garden next to a friend. Name _____
        • I have gardened here before and would like plot # _____ if available
        • I have gardened before at _____; for how long? _____

A plot fee of _____is required before the plot can be assigned. This fee will go toward expenses of the community garden (water bills, plant/seed purchases, community tools, etc.)

I have read the Community Garden Rules and understand that failure to meet the guidelines will result in loss of gardening privileges.

Signature _____Date _____