



2018 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: _____