

Growing Friends Community Garden Application

Send completed application to: Laura Lokken
First Congregational Church
311 2nd Street South
Wisconsin Rapids, WI 54494

OFFICE USE ONLY
GARDEN PLOT # _____
DATE RECEIVED _____
FEE RECEIVED _____
PAYMENT METHOD _____

1. Personal information:

Name: _____

Address: _____

Phone number: _____

E-mail address: _____

2. Preferred plot size / gardening style:

- 4 foot x 8 foot raised bed / square foot gardening
- 4 foot x 4 foot table top height / square foot gardening
- ~~20 foot x 20 foot / traditional gardening~~ - Not Available - FULL

3. I am a returning gardener and would like:

- the same plot I had last year
- a different plot from last year
- it does not matter which garden plot I am assigned

4. Fee for one garden plot for the season is \$10.

Make checks payable to "FCC UCC". Indicate "community garden" in the memo area.

5. If you are a new gardener, would you like an experienced gardener to help you? Yes ___ No ___

If you are an experienced gardener, would you like to help a new gardener? Yes ___ No ___

6. I give permission to disclose my identity and to reproduce and distribute photos and videos of me taken in the community garden and at community garden related events.

Help will be available for those in need.

By signing below, I am stating that I am interested in participating in the Community Gardens as a gardener. I agree to attend an orientation at the beginning of the growing season, abide by all of the rules and regulations of the community garden, and hold harmless the property owner and community garden volunteers as stated in the hold harmless clause. I will sign these documents before I am allowed to participate.

Signature

Date