



HEART OF OHIO
FAMILY HEALTH

Community Garden Plot Registration Form

Name _____ Date _____

Names of Other Gardeners Working on Your Plot _____

Address _____

City _____ Zip _____

Phone (home) _____ (work) _____

Email Address: _____

Did you have a garden plot with this community garden last year? _____ Yes _____ No

A plot fee of \$20 is required before the plot can be assigned. This fee will go toward expenses of the community garden (water bills, community tools, etc.).

Please mark at LEAST one area that you would be interested in volunteering with during the season. Each gardener is expected to help during the season with general chores and site maintenance.

- | | |
|---|---|
| <input type="checkbox"/> Site maintenance | <input type="checkbox"/> Path maintenance |
| <input type="checkbox"/> Construction projects | <input type="checkbox"/> Watering |
| <input type="checkbox"/> Annual planting | <input type="checkbox"/> Fall cleanup |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Social events |
| <input type="checkbox"/> Spring cleanup | <input type="checkbox"/> Communication crew |
| <input type="checkbox"/> Community Garden Committee | |

By signing below, I agree that I have read and understand the Community Garden Rules and plan to abide by them. I understand that neither the garden group nor owner of the land are responsible for my actions. I understand that failure to meet the guidelines will result in loss of gardening privileges.

Signature _____ Date _____