

Community Garden Plot Request Form

If you are interested in participating in Caring Community Friends Garden, please complete this form. When a plot is assigned you will be asked to:

1. Pay for the garden plot
2. Abide by the Community Garden Policies and Procedures

Participant's Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____

Garden Plot Costs

- Starter Plot (approx. 16 sq. ft.) - \$5
- Single Plot (approx. 32 sq. ft.) - \$10
- Double Plot (approx. 48sq. ft.) - \$20
- Quad Plot (approx. 64 sq. ft.) - \$40

Plot Size _____

Total _____

By paying or receiving scholarship assistance for the community garden plot, the participant agrees to abide by the program policies and procedures and to indemnify, defend, and hold harmless the Garden Program, Caring Community Friends, and its officers, agents, and employees from and against all damages, claims, demands, suits, actions resulting from, or because of, any damage to property or bodily injury or death of any person arising out of the occupancy and/or use of the Garden by the participant, the participant's co-gardener or guests.

Signed _____ Date _____

Office Use Only

Lot # _____
Scholarship Amount _____
Total Paid _____ Date _____
Cash Check (# _____) Credit Card