



Gardener Registration

Name _____ Date _____

Address _____

City _____ Zip _____

Phone (home) _____ (work) _____

Email: _____

Did you garden with this community garden last year?

_____ Yes _____ No

Please mark three areas that you would be interested in volunteering with during the season. Each gardener is expected to spend an hour a week at the garden helping out.

- ___ Site maintenance
- ___ Correspondence
- ___ Garden Planning
- ___ Construction projects
- ___ Watering
- ___ Annual planting
- ___ Fall cleanup
- ___ Composting
- ___ Social events

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

Signature _____ Date _____

