



Contact Information

Contact Name: _____

Organization Name (if applicable): _____

Address (City, State, Zip): _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

(All communication for the garden comes via email)

Garden Information

Mark the number of plots you want to reserve (limit 2) 1 2

Do you have experience gardening (please explain)?

Will you be practicing organic or non-organic methods?

Please mark the months you plan to actively tend your plot:

April May June July August September October

Please list plants that you will be growing: ie - vegetables, flowers, perennials, etc. (6 ft height limit on plants) **NO SUNFLOWERS PLEASE**

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

Are you interested in participating in the "Plant a Row for the Hungry" program? Yes ___ No ___

Are you interested in being paired with a mentor to learn more about gardening? Yes ___ No ___