

COMMUNITY GARDEN APPLICATION

Please print & mail to: Attn. Community Gardens
Knox Parks Foundation
75 Laurel Street Hartford, CT 06106

Name: _____ Date: _____ Home Phone: _____

Address: _____ Zip: _____ Work Phone: _____

Are you a new Hartford Community Gardener?

Yes _____ No _____

Where would you like to garden? 1st Choice _____ 2nd Choice _____

GARDEN FEES

Number

The garden fees help to pay for insurance and water. They do not cover other expenses such as administrative costs, supplies, printing, and postage. If you could please afford an additional contribution in any amount, we would greatly appreciate it!

Low income/ Senior Plots \$20 _____ = \$ _____

Moderate Income Plots \$25 _____ = \$ _____

Suggested Tax Deductible Donation
\$10.00 or more (optional) \$ _____

Total _____

Do you want the same plot(s) that you had last year? Yes _____ No _____

To get the same plot(s) you must mail this application in by the last day of February!!!

Starting on March 1, plots will be assigned to new gardeners waiting for a plot. Plots will be assigned on a first-come first-served basis. The Knox Parks Foundation, Hartford Community Gardens Program. Has issued a Garden Guidelines pamphlet. Please read these regulations, and then sign the statement below.

I agree to follow the Rules of the Garden established by the Knox Parks Foundation Hartford Community Garden Program as well as those passed by my garden group. I understand that if I do not follow these rules, I may lose my garden plot(s).

Signature _____

Knox Staff Only: Payment Received: _____ Card Sent: _____ Plot Assigned (Date) _____