

COMMUNITY GARDEN APPLICATION

Please print & mail to: **St. Clairsville Community Garden**
100 N. Market Street, P.O. Box 537
St. Clairsville, Ohio 43950

Date: _____ Email Address: _____

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Level of Experience - check one: _____ never _____ 2-5 yrs _____ 10+

GARDEN DEPOSIT

Residents of St. Clairsville will get preference. Any plots left over will be given to Non-Residents on a first-come first-serve basis.



	# of plots	Total Deposit
Resident of St.C. (5x10)	_____ @ \$15 =	\$ _____
(10x10)	_____ @ \$30 =	\$ _____

TOTAL \$ _____

Sponsorship of children's garden plot
or educational garden plot @ \$10 = \$ _____

Starting on March 1, plots will be assigned to new gardeners waiting for a plot. Plots will be assigned on a first-come first-serve basis. The St. Clairsville Community Garden 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 St. Clairsville 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). I have also received, read, and agree with the guidelines of participating in the Community Garden.

Signature _____

Date: _____

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