

GRAND LAKES COMMUNITY ASSOCIATION
COMMUNITY GARDEN RESERVED BED APPLICATION

Applicant

First Name: _____ Last Name: _____

Organization (if applicable): _____
(e.g. Girl Scout Troop 123456)

Street Address: _____

Phone Number: Home _____ Mobile _____

Email: _____

Applicant Garden Use Agreement

I (We), the undersigned, have read the Grand Lakes Community Garden Guidelines and agree to abide by all the rules. If I find that I cannot successfully abide by all the rules, I will notify the Grand Lakes Green Committee so that my plot can be reassigned to another gardener. I (We) also understand that the Grand Lakes Community Association and its agents accept no responsibility or liability for incidents which may occur while engaged in garden activities. By signing below, I also attest that I am a Grand Lakes resident in good standing.

Applicant Signature _____ Date _____

Reservation Request Info Please check all that apply:

Requested Season: Spring (March 1 – Aug 31), 20____ Winter (Sept 1 - Feb 28), 20____

_____ I would like to keep my current garden plot # _____

_____ I am a new gardener

_____ I would like to be placed on the waiting list

Instructions: Return this completed application to: grandlakesgreen@gmail.com.

Visit www.grandlakeslife.com for more information.

The Grand Lakes Community Garden Guidelines can be found at

<insert link to guidelines document>

A list of suggested plants for each growing season can be found at

<insert link to document>

FOR OFFICE USE ONLY:

Plot Number Assigned: _____

Start date: _____

Expiration date: _____