<u>Haverstraw Community Garden - Gardener Registration Form 2017</u>

Please Print Clearly

v	Last Name	First Name	Middle Initial
Home Address:	Number and Street Name		
			Zip Code
Phone #: (H)	(C)	Email: * REQUIRED	
	Last Name		
			Middle Initial
Phone #: (H)	(C)	Email: * REQUIRED	
	completed by Primary Garden	 er:	
Keep mAbide bFollow	y plot weeded and tended	ne Garden Guidelines (see attached y the gardeners who participate in ng season	
☐ Check here if	you do not have gardening exp	erience	
☐ Check here if	vou would like a more experien	ced gardener to help you get starte	ed & answer your questions.
_	you are an experienced gardener		,
_		and would like to assist a new gar	dener.
☐ Check here if y	you agree to let photographs of	you taken in the garden to be a par ny photographer you see at your garden ka	t of publicity materials.
☐ Check here if y	your phone number & email can be included on a list to be shared with your fellow gardeners.		
lease holders damage, or lo	of garden, and their agents and	employees, harmless from any and from, or in any manner connected	
-		nt at the community garden on a d ers, and answer questions you may	ate to be announced to get the key have.
Signature required	l: (Primary Gardener)		
	Na	me	Date
and weeding). Gard	den plots will be assigned on a f		er week tending to their plot (watering istration form and deposit of \$30 is the deducted from your deposit.
	I am paying by: \square Ca	sh	ey order
Please make you	ur check out to "The Village of	Haverstraw." Be sure the Primary	Gardener's name is on the check.

Submit this completed garden application with deposit in person or mail to:

Haverstraw Community Garden The Village of Haverstraw 40 New Main Street Haverstraw, NY 10927