

Calkins Community Garden Registration

Contact Information:

Name(s): _____

–

Address: _____

–

Phone
Number: _____

Email
Address: _____

Which is your preferred method of being contacted? (circle one) PHONE or EMAIL

Bed Information:

For the 2016 growing season each new gardener will be offered one 3' x 6' raised bed. Returning gardeners may request a second bed. The fee is per bed.

Bed Fee: (circle one) Moderate Income: \$20 or Low/Fixed Income: \$10

Additional Donation: \$ _____

Release of Claims:

I understand the Calkins Community Garden, the City of New London, FRESH or any individual gardeners of the community garden are not responsible for my actions. I therefore agree to hold harmless those parties listed above for any liability, damage, loss or claim that occurs in connection with the use of Calkins Community Garden by me or my guests. I have received a copy of the rules and guidelines for the garden.

I have read and understand the release of claims.

Signature: _____

Date: _____