

2017 COMMUNITY GARDEN REGISTRATION

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

Date: _____ Email Address: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

Level of gardening experience - check one: _____ never _____ 2-5 yrs. _____ 10+ yrs.

GARDEN DEPOSIT



Assigned Plot Amount

New key _____ @ \$2

TOTAL \$ _____

Make checks payable to: City of St. Clairsville

Starting on March 31st, plots will be assigned to new gardeners from the waiting list. The St. Clairsville Community Garden Program has issued an updated *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 #: _____