

**City of St. Clairsville**  
**Community Garden Committee Guidelines**  
**Issued: 2009**

1. I will pay a Fee of \$10-\$20 to help cover garden expenses.
2. I will have something planted in the garden by June 1st and keep it planted and tended all summer long.
3. No illegal or poisonous plants will be planted in the garden.
4. I will keep weeds to a minimum, and if I need help or will be unable to tend my garden space, I will notify the garden leader.
5. If I must abandon my plot for any reason, I will notify the garden leader.
6. I understand that I will be given two weeks to clean up my area if it becomes unkempt. (The committee will evaluate this.) If the need for the plot to be reassigned or tilled in is enforced, you will be given a one-week notice.
7. I will keep pathways, plots and fences free of trash and litter.
8. I understand that I have to commit my time to maintain my garden plot. I will also participate in the Spring and Fall Clean-Ups. (Your garden leader will inform you of those dates).
9. I will pick only my crops (unless given permission by another garden member).
10. I will not use fertilizers, insecticides, or weed repellents that will in any way harm other plots. (An approved list of organic substitutes is being compiled, and we will have that list available soon).
11. I agree not to bring any pets to the garden area.
12. I understand that neither the garden group nor owners of the land are responsible for my actions. **I THEREFORE AGREE TO HOLD HARMLESS THE GARDEN GROUP AND OWNERS OF THE LAND FOR ANY LIABILITY, DAMAGE, LOSS, OR CLAIM THAT OCCURS IN CONNECTION WITH THE USE OF THE GARDEN, BY ME OR ANY OF MY GUESTS.**
13. Plots are various sizes; the location of each plot is specified in the rental contract and numbered on the site map.

**Benefits:**

- Mailings and Newsletters
- Classes
- Tickets for Events
- Compost and Tilling for your plot
- Networking with other gardeners like you!!!

# 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)	_____ @ \$10 =	\$ _____
(10x10)	_____ @ \$20 =	\$ _____
Non-Resident ( 5x10)	_____ @ \$15 =	\$ _____
(10x10)	_____ @ \$25 =	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>
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): \_\_\_\_\_