

SHUNIAH SOIL MATES COMMUNITY GARDENS

APPLICATION FORM FOR GARDEN BOX AT THE RECREATION CENTER

REQUEST FOR GARDEN # 3,4,5,6, etc.....

DATE OF APPLICATION.....

TIME STAMP.....

NAME.....

ADDRESS.....

HOME/CELL PHONE.....

E-MAIL ADDRESS.....

NEW APPLICANT YES NO

PREVIOUS YEAR APPLICATION GARDEN #

ANNUAL FEE PAYMENT (To be paid in full by JUNE 01/xx (midnight)

SIGNATURE OF APPLICANT.....