



CROWLEY STATION
community garden

GARDENER: _____
LAST NAME FIRST NAME M.I.

GARDENING PARTNER (optional): _____
LAST NAME FIRST NAME M.I.

ADDRESS: _____
STREET APT. # CITY STATE ZIP

PHONE NUMBER: _____ **PARTNER'S PHONE:** _____

EMAIL: _____ **PARTNER'S EMAIL:** _____

DO YOU HAVE A PLOT AT ANOTHER COMMUNITY GARDEN? Yes No **WHERE?** _____

WHAT LANGUAGE(S) DO YOU SPEAK AT HOME? _____

HOW FAR AWAY DO YOU LIVE FROM CROWLEY STATION?

Less than 1/2 Mile Less than 1 Mile Less than 1 1/2 Miles Less than 2 miles

Do you want a more experienced gardener to help you get started and answer your questions? Yes No

If you are an experienced gardener, could you help a new gardener and answer their questions? Yes No

PLEASE INITIAL EACH BULLET POINT TO SHOW THAT YOU AGREE TO THE FOLLOWING:

_____ I will keep my plot weeded and tended.

_____ I will abide by decisions made collectively by the garden coordinators.

_____ I will follow land use and parking rules.

_____ I will clear my plot at the end of the gardening season.

_____ I understand that all gardeners have to share their phone numbers with the Executive Team. This number will not be given to any outside entities. Emails are often sent to the whole group and will be visible to others.

_____ I understand the Water Utility reserves the right to restrict access to the gardens and to relocate or remove items from the deck in order to perform required maintenance at the site. In an emergency this could happen with very little or no notice.

_____ I accept personal responsibility: I agree to hold The Crowley Station Community Garden, The Friends of Crowley Station, The Downtown Community Gardens Group, and the City of Madison harmless from any and all liability for bodily harm, damage or loss of any kind or nature arising from, or in any manner connected with, my participation in the Crowley Station Community Garden.

PLOT RENTAL FEES ARE ON A SLIDING SCALE ACCORDING TO FAMILY SIZE AND INCOME.

Please check the chart for your rate. A \$20 security deposit is also required.

NUMBER OF PLOTS _____ **× FEE PER PLOT** _____ **= PLOT FEES \$** _____ **+ \$20 = GRAND TOTAL** _____

I am paying by: Cash Check

Please make your check out to "Crowley Station Community Garden." Be sure the gardener's name is on the check.

SIGNATURE: _____ **DATE:** _____

Who filled out this application, if it was not the gardener? _____ **Phone:** _____