

TOWN OF ARLINGTON



Recreation Department

2017 Community Garden Application
Application

Returning – Plot Number #____ Stay or Move – N/A 2017
-All returning users will be invited to a meeting in early April to determine location for 2017.

New Applicant (enter me into lottery selection)

Application Deadline: 12:00pm on March 31, 2017

Fee: \$35 due at time of application

Checks should be made payable to ARLINGTON RECREATION

(Applicants submitted after March 31 will be on a first-come first-served basis)

APPLICATION FOR MAGNOLIA COMMUNITY GARDENS

GARDENER’S NAME (Please Print): _____

(Please note the above name is the sole responsible person for this plot)

ADDRESS: _____

BEST PHONE: _____

EMAIL ADDRESS: _____

PLOT # _____ **FEE PAID \$35** **CK** _____ **CASH** _____

Do you require a raised bed to help with accessibility: _____

If there is more than one individual working with you on your plot, please list their contact information here additional names and contact information can be listed on the back.

NAME: _____ **BEST PHONE** _____

ADDRESS: _____

EMAIL: _____

By signing below, I/We agree by the rules and regulations governing use of the community gardens sites and hereby release the Town of Arlington, it’s agents and employees of and from any action, claims and damages for losses, personal injury (s) and disability that I/we may incur as a result of my/our participation in Arlington Recreation Community Garden Program.

GARDENER’S SIGNATURE _____ **DATE** _____