2016 Westminster Community Garden Registration

1.	Gardener:						
	Last Name		First Name			Middle Initial	
2.	-	Last Name		First Name		Middle Initial	
3.	Gardener Address:	Number and Street Name	Apt. #	City/Town		Zip Code	
	Gardener Partner Add	lress: Number and Street Name	Apt. #	City/Town		Zip Code	
4.	Phone numbers:						
	Gardener's e-mail:		Garden	Partner's e-mail:			
5.	Did you have a plot	at this garden last year?	Y	es	No		
6.	☐ Please check here	e to show that you agree to de	o the following:				
	Abide by cFollow gar	olot weeded and tended decisions made collectively be den rules and guidelines olot at the end of the gardenin		who participate in o	coordinating the	garden	
7.	Do you want a more	experienced gardener to hel	p you get started	l & answer your qu	estions? yes		
	If you are an experie	enced gardener, could you he	lp a new garden	er and answer their	questions? □ ye	es	
	re if you agree to let	Westminster staff, volunteers your photo be a part of publ want to be in published photo	icity materials. [
		All Westminster gardeners han be included and email can be included.					
an	d employees, harmle	bility: I agree to hold the City ess from any and all liability in, my participation in a West	for bodily harm,	damage, or loss of	any kind or natu		
Sig	gned: (Gardener resp		ıme			Date	
		N/S	une			Date	



Return completed application form and signed rules contract to:
City of Westminster Recreation & Parks
11 Longwell Avenue
Westminster, Maryland 21157
410-751-5501 Phone 410-848-8310 Fax