

**Sisters Community Garden
Application Form – 2022 Season**

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Returning Gardener

I want to continue to use plot # _____ from last season

I want a different plot: _____

New Gardener

Preference: Large (15-20 feet) Small (Under 15 feet) Half of a Large Bed
(\$35.00) \$25.00 (\$20.00)

All Gardeners:

In addition to an outside plot, I would like an assigned raised bed in the Greenhouse. (There will be a drawing to assign Greenhouse raised beds).

I have read and agree to abide by the Garden's rules and regulations, and I understand that my failure to adhere may result in the loss of gardening rights.

I have read and agree to the Release of Liability document, and I understand that I must sign it as a condition of my participation in the Sisters Community Garden.

I want to help the Garden by serving on the Garden Committee or being steward of a communal planting (berries, flowers, herbs, etc.), or other duty.

I request a waiver of fees for reasons in my written request (attach).

Enclose your check payable to "Sisters Community Garden" for the amount shown below

Large Raised Bed: \$35.00
Small Raised Bed: \$25.00
Half-Raised Bed: \$20.00 \$ _____

Tax-Deductible Donation: \$ _____

Total Enclosed: \$ _____

Signed: _____ Date: _____

Date Received: _____
Amount Received: _____
Check Nr. _____
Plot Assigned: _____

Return to: Sisters Community Garden, PO Box 434, Sisters, OR 97759