

**Sisters Community Garden
2023 Application**

Name _____

Address _____

Phone Cell _____ Landline _____

Email _____

Preferred method of contact: Email Text Phone

Returning Gardeners

- I will continue to use plot # _____.

- Condition of my 2022 plot:
 - Rotting wood Damaged corners Lacks underground rodent protection
 - No repairs needed.

New Gardeners

Mark your choices in order of preference—1 2,3.

- Large (15'-20'x4') \$35.00 Small (Under 15'x4') \$25.00

- Half (approximately 10'x4') \$20.00

All Gardeners

All gardeners are eligible to use the Greenhouse for starting plants on West wall shelves.

One outside plot is available for each gardener, family or couple.

In addition to your assigned plot, there are three additional gardening spaces available that will be chosen by lottery on April 15th.

To enter the lotteries, choose any or all of those listed. Fees are collected after the winners are chosen.

- an assigned 3'x4' raised bed plot in the Greenhouse (\$15.00 fee).
- an assigned 2.5'x2' space for pots on the Greenhouse east wall (no fee).
- an assigned 4'x4' plot in the Back-40 for squash, potatoes, etc. (no fee).

- I am new to Central Oregon gardening.

- I want to help the Garden by serving as a Steward of a communal area (berries, flowers, herbs, etc.). Information re Stewardship is available on line and in the Apr. 1 Workshop

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- I am interested in becoming a member of the Board of Directors Contact me with information.

- I am interested working on the maintenance of the Garden (physical structures, painting, improvement projects).

- I am willing to share my expertise as (carpenter, engineer, writer, electrician, artist , or other)_____

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

Large Raised Bed:	\$35.00
Small Raised Bed:	\$25.00
Half-Raised Bed:	\$20.00
Tax-Deductible Donation: \$	_____
 Total Enclosed:	 \$_____

- I have read and agree to abide by the Garden Rules and Guidelines.

- I understand that my failure to adhere to these Rules may result in the loss of my garden plot.

- I have read and agree to the Release of Liability document.

- I understand that I must sign and return both the Application and Release of Liability documents with my check to be accepted as a SCG member for 2023.

Return your Application, signed Release of Liability form and payment to: s Sisters Community Garden, PO Box 434, Sisters, OR 97759.

If you have any questions please contact Mimi Schaefer, Membership Director, mimi4406@gmail.com, 541.760.2084.

Signed: _____

Date: _____

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