

Sisters Community Garden

2025 Application

Name _____

Address _____

Cell _____ Landline _____

Email _____

Preferred method of contact: Email Text Phone (Please indicate here if you do not want your phone and/or email information shared with the SCG membership.)

Returning Gardeners: I will continue to use plot #____.

New Gardeners

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

Large (15'-20'x4') \$45.00 Small (Under 15'x4') \$35.00

Half (approx. 10'x4') \$30.00

Please indicate here if you would like to be mentored by an experienced gardener.

All Gardeners

All gardeners are eligible to use the Greenhouse for starting plants on West wall shelves. For questions regarding use of the GH, please see the Greenhouse Guidelines or contact Nancy Bright, GH Manager, 541 588-2370.

Greenhouse Lotteries

Gardeners may choose to enter the lottery for either a raised bed or east wall space in the GH. Fees are collected after the winners are chosen at the April 5 Garden Orientation. Please check one option below to enter the GH Lotteries.

an assigned 3'x4' raised bed plot in the Greenhouse (\$15.00 fee).

an assigned 2.5'x 2' space for pots on the Greenhouse east wall (no fee).

Back-40 Lottery

Any gardener may enter the Back-40 Lottery. There are 16 large plots available for plants that like to spread out, such as squash. Please indicate below if you want to be entered into the lottery. Winners will be chosen at the April 5 Garden Orientation.

an assigned 4'x4' plot in the Back-40 for squash, potatoes, etc. (no fee).

Volunteer Opportunities:

__ I want to help the Garden by serving as a Steward of a communal area (berries, flowers, herbs, etc.). Stewardship information is available on the SCG website and at the Apr. 5 Garden Orientation. (See "Spring 2025 Calendar" on page 2 of the Feb. 1 welcome letter.)

__ I am willing to serve as a mentor to new gardeners.

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

Large Raised Bed: \$45.00
Small Raised Bed: \$35.00
Half-Raised Bed: \$30.00
Tax-Deductible Donation: \$ _____

Total Enclosed: \$ _____

- I have read and signed the Release of Liability document.
- 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 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 2025.**

Mail your Application, signed Release of Liability form and payment by Mar. 1st to:

Sisters Community Garden, PO Box 434, Sisters, OR 97759.

If you have any questions please contact Holly Lange, Membership Coordinator, at sisterscommunitygarden@gmail.com or 408 796-8084.

Signed: _____ Date: _____

Date Received: _____	Amt. Rec'd: _____	Donation Amt.: _____
Check Nr: _____	Plot Assigned: _____	Date Assigned: _____