

Sisters Community Garden

2026 Application

Name _____

Address _____

Cell _____ Landline _____

Email _____

Preferred method of contact: ___ Email ___ Text ___ Phone Call or Voicemail

Please mark if you **do not want** your information shared with SCG membership.

___ Do not share phone #. ___ Do not share email address.

SCG at CORE consists of a fenced area of 22 raised metal beds and two accessible beds at wheelchair height. The fee for the beds **\$45** for the 2026 growing season.

Volunteer Opportunities:

___ I am willing to serve as steward for “all things irrigation”.

___ I am willing to serve as a steward of garden soil amendments.

___ I have a pick-up or trailer for helping to transport materials to and from the garden.

___ I would like to assist in planting and maintaining communal beds on the CORE premises, and participate in growing food for donation.

___ I am willing to serve as a mentor to SCG gardeners.

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

___ I am interested in serving on the SCG Board.

___ I am interested in leading a workshop. Please indicate the subject below.

I have read and agree to abide by the 2026 SCG 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 the application, and submit my check or online payment by February 28th to be considered for a plot assignment.

Mail your application and payment (cash or check made out to Sisters Community Garden) by February 28, 2026 to:

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

If you prefer, you may submit payment and forms online at our website: sisterscommunitygarden.org on the Members tab.

Raised Bed Fee: \$45

Tax-Deductible Donation: \$ _____

Total Enclosed: \$ _____

If you have any questions, please contact Holly Lange, Membership Coordinator, at sisterscommunitygarden@gmail.com.

Signed: _____ Date: _____

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