



COMMUNITY GARDEN APPLICATION 2024

1. Gardener Name: _____
2. Gardening Partner(s) if applicable: _____
3. Gardener Address: _____
4. Partner(s) Address if applicable: _____
5. Gardener Phone: _____ Partner Phone: _____
6. Gardener Email: _____ Partner Email: _____
7. If selected for a plot, what do you intend to grow?

8. What are your plans for your crop at the end of the season?

9. Do you currently have space at your residence that could be used as a gardening plot? YES or NO
10. Will having a plot at the community garden enhance your ability to provide food for yourself/family? YES or NO
11. Photo permission for the Recreation Committee, other gardeners and/or media to take photos of your plot and yourself during your time spent at the community garden. YES or NO

By Signing below, I agree to be respectful of the community garden, its tools, as well as the plots occupied by another gardener(s). I take responsibility for my plot and its contents and am aware that I am liable for any damage that I cause at the Community Garden.

Signature

Date

Submit Application to: specialevents@lewisporte.ca, Fax: 709-535-2695, or front desk at the Town Hall.