

NFO COMMUNITY GARDEN PLOT APPLICATION

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

EVERYONE INVOLVED WITH YOUR PLOT _____

How did you hear about NFO Community Garden? _____

Why do you want to garden with us? _____

Do you have a medical condition that would require accommodation? _____

I have read the NFO Garden Policies and understand I am required to be a steward of my plot and keep it weeded, free of trash and debris and prevent it from encroaching on other plots. I understand NFO Community Garden is a drug and alcohol free space and failure to comply with NFO Garden Policies may result in loss of plot and forfeiture of crops.

Signature _____

Printed Name _____

Date _____ \

Plot # _____