

Riverside Community Garden Registration 2014

Contact information:

Name(s): _____

Address: _____

Phone number _____

Email address: _____

Which is your preferred method of being contacted? (circle one)

EMAIL

PHONE

TEXT

Bed Information:

For the 2014 growing season, each gardener will be offered one 3'X6' raised bed. You may request a second bed; requests will be honored by May 15 if space allows.

Bed Fee: \$15; Reduced fee for students, seniors, low income: \$10 (circle one)

Additional donation: \$ _____

Release of Claims:

I understand that the Riverside Community Garden, Riverside Park Conservancy, FRESH-NL, the City of New London or any individual gardeners of the community garden are not responsible for my actions. I therefore agree to hold harmless those parties listed above for any liability, damage, loss, or claim that occurs in connection with the use of Riverside Community Garden by me or my guests. I have received a copy of the rules and guidelines for the garden.

I have read and understand the release of claims.

Signature: _____

Date: _____

For more information, contact info@riversidecommunitygarden.org.

Administration use only:

Payment received date and amount: _____

Bed(s) assigned: _____