

VINTON COMMUNITY GARDEN APPLICATION

Gardener Information

Name	
Address	
Phone Number	
Email Address	
Emergency Contact	

****Please note:** The person completing this application must be a resident of Vinton and will be held responsible for the actions of the gardeners sharing the plot.

If applicable, please list the names and phone number for anyone who may be sharing your plot at the Vinton Community Garden that is outside your household.

Name	
Phone Number	
Name	
Phone Number	

Desired Plot Size

	4 x 12 foot space (\$20)
	4 x 8 foot space (\$20)

I have read and agree to comply with the Vinton Community Garden guidelines and procedures.

Date	Signature
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Return completed forms and payment to: City of Vinton, 110 W 3rd Street, PO Box 529, Vinton

For office use:

CASH	CARD	CHECK		PLOT #			Trans Code 1.7
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