

**Winterville Community Garden
Garden Box Rental Registration Form
2017-2018**

New Member Current Member

Gardener Name: _____

Full Address: _____

Best Contact Phone Number: _____

Gardener Email (if available): _____

Garden Rental Options: *Unless a current member, garden beds are assigned on a first come first served basis. Thank you.*
How many 8 x 4 raised garden bed(s) would you like to rent?

Please select one option: ___1 bed ___2 beds

Period of Rental:

- March 1, 2017 – February 28, 2018. Garden plots are rented on an annual basis only.
- The rental fee for one year is of \$30.00

I have read and understand the application and accept the rules, terms, and conditions as stated in the Rules and Guidelines for the Garden for membership and participation in the Winterville Community Garden.

I hereby agree to hold harmless the City of Winterville from and against any damage, loss, liability, claim, demand, suit, cost and expense directly or indirectly resulting from, arising out of or in connection with the use of the Winterville Community Garden.

Gardener Signature: _____ Date: _____

If paying by check, make check payable to Winterville Community Garden.

Please mail or drop off the signed *Member Registration Form* with payment to *Winterville City Hall, PO Box 306, Winterville, GA 30683*.

Rental Fee Amount Submitted: \$ _____ Payment acknowledged by: _____

New Member Approved by: _____ Date: _____

Garden Box number: _____