Please complete this application and s given on a first-come, first-served bas have any questions, please call Caroly	sis and please note that new	office as soon space restrict	tions apply. If you
Name			
Address, city, state			
Phone	Alternate Phone		
The following space restrictions apply of raised bed space and no row.	v this year: 1 row, plus 24 fe	eet of raised b	ed space, OR 32 fee
What size plot do you want?			
4' X 4' (\$5 each)		4' X 8'	(\$10 each)
4' X 12' (\$15 each)		4' X 16'	(\$20 each)
For those who wish to grow pumpkin are available in the Pumpkin Patch. R Do you wish to have a row?			
If they become available, do you wan	t additional plots or rows? If	so, what size	and how many?
Community Gardener Agreement: I agree to use 'organic' methods for w	reed. insect and disease cont	rol.	
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