



**SEEDS
FOR
HOPE**

Community Gardens of New Holland

Application:

Gardener's Name: _____

Gardener's Address: _____

Phone: _____

E-Mail: _____

Garden Plot Preference:

10' X 4' raised bed garden, 8" high # of plots ____ x \$15 = _____

8' X 4' raised bed garden, 16" high # of plots ____ x \$15 = _____

12' X 20' in-ground garden plot # of plots ____ x \$20 = _____

20' X 20' in-ground garden plot # of plots ____ x \$25 = _____

Limit of 4 plots per gardener

Total Fee: _____

Make checks payable to: Petra Christian Fellowship

Did you have a garden plot last year? ____ yes ____ no

If yes, would you like the same plot this year? ____yes ____no ____ no preference

→ I have received a copy of the guidelines for the community gardens and have read them carefully. I agree to accept these guidelines, rules, terms and conditions stated, for the participation in the Seeds for Hope Community Gardens of New Holland.

I THEREFORE AGREE TO HOLD HARMLESS THE GARDEN GROUP, PETRA CHRISTIAN FELLOWSHIP FOR ANY LIABILITY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION WITH THE USE OF THE GARDEN PLOT(S) BY MYSELF OR ANY OF MY FAMILY MEMBERS OR GUESTS.

Gardener's Signature: _____ Date _____

Approved: _____ Date _____

(Garden Manager)

Plot #: _____