

COMMUNITY GARDEN APPLICATION

NAME		
ADDRESS		
CITY STATE ZIP		
TELEPHONE: DAY	EVENING	
CELL		
EMAIL:		
GWINNETT COUNTY RESIDENT?	YES	NO
EMERGENCY CONTACT:		
I WOULD LIKE TO GARDEN NEXT TO A FRIEND, NAME:		
I WOULD PREFER A PLOT IN THE ORGANIC SECTION:		

DATE RECEIVED: _____

WAIVER RECEIVED: _____

PLOT ASSIGNED: _____