



2019 APPLICATION TO GARDEN

Please Print

NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

GARDENING EXPERIENCE: ___ Beginner ___ Still Learning ___ Many Years

___ I wish to help with: ___ harvesting produce ___ growing flowers ___ weeding.

___ I wish to grow produce for a food pantry. I will provide all the care for my crop in my assigned raised bed.

___ I wish to garden a 4' X 16' raised bed. I understand that I will also be expected to participate in garden work days. Six months for \$15 or 12 months for \$25 must accompany application.

Others who will be gardening in my assigned plot are:

_____ PHONE _____ EMAIL _____

Name and ages of children: _____

I have read the Garden Handbook, and I understand the obligations of having a plot at the Garden of Eatin'. I accept responsibility for the actions of others gardening in my plot. Plots not maintained may be rescinded and any fees forfeited.

SIGNED _____ DATE: ____/____/____

Please make checks payable to Jubilee Shores UMC and mail with application to JSUMC Garden of Eatin', 17261 State Hwy 181, Fairhope, AL 36532

Payment received \$ _____
www.jubileeshores.net

gardenofeatin@jubileeshores.net

Assigned Plot # _____
251-928-9133