



The Rock Lake Activity Center
229 Fremont St
Lake Mills, WI 53551
920.945.0156
RLAC@RockLakeAc.org
www.RockLakeAC.org

Community Garden Application

Name _____

Address _____
Street City/State Zip

Email _____

Phone _____

Types of plants being grown: _____

Number of Plots Requested: _____ (Plots vary in size depending on location. Each approximately 10' X 26')

Notes: _____

I agree to abide by the guidelines and rules set forth for the Community Garden Initiative as outlined by the Rock Lake Activity Center.

Signature

Make Payments to RLAC. \$50 per Garden Plot
(Office use only)

Payment Received: Amount: \$ _____ Cash: _____ Check: # _____ CC: _____

Garden Plot Assigned: _____ Date: _____ Staff: _____

It is the mission of the Rock Lake Activity Center to positively affect the health and wellness of the community through quality programming and activities.
"This institution is an equal opportunity provider."