

Summer
2020

SHELBURNE COMMUNITY GARDENS
NEW GARDENER
Registration Form & Agreement

New Registrations will be accepted starting MAY 1st. (No early registrations please)
Only MAILED registrations will be accepted.

First Name _____ Last Name _____

Street Address _____ City _____

State _____ Zip _____ E-MAIL ADDRESS _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Garden lots should be ready for planting by Memorial Day weekend.
The soil will be tilled prior to opening and again after harvest. *No early planting please!*

Make checks payable to: Shelburne Parks & Recreation Department
Shelburne Parks & Recreation Department, P.O. Box 88, Shelburne, VT 05482

*New gardeners will be offered **Half** lots for their first year.

Half-lot (approx. 300 sq. ft.) @ \$25 = _____

*Whole-lot (approx. 600 sq. ft.) @ \$40 = _____

Garden Deposit (**required**): \$10 = \$10

(You will receive your deposit back at the end of the season if your lot is cleaned out or you may use your deposit to reserve your lot for next year).



TOTAL AMOUNT ENCLOSED = _____

Gardening Agreement:

I/we agree to maintain my/our plot and the bordering pathways in a slightly manner, keeping both as weed-free as practical. I/we agree to clean up my/our plot of all stake and other non-organic materials, and remove all organic annual material to the designated composting area. No exceptions. If the plot is not cleaned up, you risk losing your plot for the following year. I/we understand that no refunds will be made of plot rental fees.

I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Shelburne, Shelburne Parks & Recreation Department or anyone associated with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my/my child's participation in this program. I also understand that my own medical and /or disability insurance will be used in the event of an injury or that I will be directly responsible for any medical costs. I am aware that the Parks & Recreation Department may take photographs of participants at programs, activities or special events. I am aware that the pictures may appear in future promotional materials, including brochures.

Signed _____ Date _____

FOR OFFICE USE ONLY

AMT PAID: _____ AMT DUE: _____ DATE: _____ CK #: _____