



Plot Fee paid: cc ch cash

Amount: _____

BG fee paid: _____

Mail -In Plot Request Form

Tell us about yourself

Name: _____

Email Address _____

Street Address _____

City _____

Phone:

Home: _____ Cell _____

May we share your information with other gardeners in the Buffalo Park Community Garden?

Email Address: Yes No

Home Number: Yes No

Cell Number: Yes No

Mailing Address: Yes No

There are a limited number of raised beds. Are you requesting one? Yes No

If you are not awarded a raised bed can you still garden in a ground level plot? Yes No

Reason for requesting a raised plot: _____

Please initial below:

_____ I have read, understand, and agree to the terms and responsibilities as stated in the **Buffalo Park Community Gardener Authorization & Responsibilities.**

_____ I have read, understand, and agree to the terms and responsibilities as stated in the **Buffalo Park Community Garden Waiver & Release.**

Gardener Signature _____

Date: _____

Do not send payment at this time. Payment will be due upon notification of plot award.

Please send this form, a signed Waiver and Release and the Gardener Authorization and Responsibilities to:

EAS+Y - Buffalo Park Community Garden

POB 236

Evergreen, CO 80437