



Garden Bed Application

Name:	Date:
Address:	City:
Primary Phone:	Secondary Phone:
Email:	

Miscellaneous (please check any that apply)

- I have gardening experience
- I am a new gardener
- I would like assistance and/or a mentor
- I'd like to share a bed – if you have someone to share with, please list name/email/phone

I have special needs. Please specify:

How did you hear about Lewes Community Garden?

Understanding (please initial each item)

___ I agree to abide by the Lewes Community Garden rules if assigned a garden bed

___ I will pay the yearly fee of \$75 for a 4 x 8 bed

___ I will mail a check to the address below within two weeks of bed assignment

___ I understand all gardeners are encouraged to participate in volunteer activities

Signature:	Date:
LCG Contact Info: lewescommunitygarden@gmail.com	PO Box 436 Lewes, Delaware 19958