

Johnson Creek Community Garden Registration Form 2025

1. General Information

□ NEW Gardener □ RETURNING gardener				
Last Name:	First Name:			
Mailing Address:		City	State	_ ZIP
Email:	Phone:			
Language(s): ☐ English ☐ Spanish	☐ Other			
Gardening Partner: Last Name:	First Name:			_
Email:	Phone:			
☐ I am a new gardener and want help getting started.	☐ I am experienced	and could me	entor a new ga	ırdener.
 2. Gardening Agreement ☐ I have read and agree to follow the garden rules. ☐ I agree to abide by decisions made collectively by the gardeners who coordinate the garden. 				
Signature: Date:				
Who filled out this application, if not the gardener?		Phone		
3. No Payment is Required You have been assigned Plot #				