Pelham Neighbor to Neighbor Community Garden Registration Form

All Applicants Must Be Over 18 Years of Age *Please print clearly:*

52 Amherst Road Pelham, MA 01002

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Name(s):	Date
Address:	
Telephone: Cell	Home:
E-Mail (required):	
I am a returning gardener:	_ I am a new applicant:
Plot Size is 20 feet x 10 feet.	
Number of Plots Requested (maxim	num of two)
** Suggested Donation <i>Per Plot</i> is \$	\$15 . \$
Here is my additional donation to help support the Pelham Community	y Garden: \$
Total of Check Enclosed:	\$
• •	ee. <i>However</i> , all plots must be cleaned out a plot next season. (See item 6 in the
**Plot donation proceeds are used for tanks, gas for lawn mowing and other	for maintenance of the fences and water er maintenance needs.
Plots are assigned on a first come, Questions? cell: 617-682-5954 or	
1) Make Check Payable to: Town 2) Put a note on check: <i>Communi</i> 3) Mail Check, this Registration F Theresa Smith(Treasurer) Town of Pelham Community Gar	Torm, & Signed Release & Waiver To: