

# Saline Community Garden

## Application

(PLEASE PRINT CLEARLY)

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (DAY): \_\_\_\_\_

PHONE (EVENING): \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAMES OF OTHER GARDENERS:

(IF NOT IN YOUR HOUSEHOLD, PLEASE LIST ADDRESS, PHONE AND EMAIL AS WELL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT BASED ON PLOT SIZE:

(PLEASE CHECK ONE SIZE)

4 X 10 - \$15.00

RAISED ACCESSIBLE BED 4 X 6 - \$10.00

**CLEANUP DEPOSIT - \$10.00** (WE REQUIRE A DEPOSIT WHICH IS FULLY REFUNDED  
AT THE END OF THE SEASON IF YOUR PLOT WAS PROPERLY CLEANUP UP BY YOU)

YOUR PAYMENT PLOT FEE: \_\_\_\_\_

CLEAN UP DEPOSIT: **\$10.00** \_\_\_\_\_

DONATIONS (OPTIONAL): \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

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**VOLUNTEERS ARE WELCOME!**

Please indicated if you would like to help in any of the following areas:

- Events (planning and organizing events for SCG)
- Fundraising and Grant-writing
- Food Bank Coordinator (organize surplus produce to Food Gatherers)
- Education (teach a class, or work with forming classes)
- Newsletter
- Garden Leadership positions
- Rain-barrel work day
- Monthly Work Party
- Garden Clean Up
- Market Day
- Planting a Row for the Hungry, working with Food Gatherers
- Helping with community bed, maintenance or garden cleanup
- Other skills that could help the garden



Please sign the agreement and mail this form along with a check made out to “CQC” noting Saline Community Garden in the memo line:

**Saline Community Garden**  
**211 S. Ann Arbor St.**  
**Saline, MI 48176**

I, \_\_\_\_\_ have read the Community Garden Rules and Regulations that were submitted to me, and I agree to use this garden at the sole discretion of SCG, and I agree to abide by it's policies and practices.

(sign here) \_\_\_\_\_