~ "Gardens Grow Healthy Communities" ~

Our Mission: To help neighborhoods & communities create sustainable green spaces for gardening, food production, gathering, and education.

Community Garden Guidelines Agreement Form

I have read and agree to abide by the COCG terms and conditions outlined in the Community Garden Guidelines:

| Name of Gardener | Phone # |
|--|---|
| E-mail address | |
| Address | |
| COCG Garden | Plot # Key (please initial) |
| 31st, keep fully planted the by Oct. 31st. (please initial) | eeded by May 10th, begin planting by May aroughout the season and prepared for winter umber/email be distributed to my fellow |
| I agree to plant only those | e plants allowed (Plant list attached) |
| (please initial) | |
| Gardener's Signature | |
| Witnessed by | |
| Date paid | |

Plot Fees (NON-REFUNDABLE): \$45.00 for new gardeners and \$40.00 for returning gardeners. Please make cheques payable to Central Okanagan Community Gardens or COCG. (Mailing address is at top of form.) **NOTE**: *cheques are not always deposited immediately.*