



# Community Garden Plot Application

Plot Manager Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Other gardeners in this plot \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
(or Michigan ID No.)

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_M\_\_\_F Maiden name \_\_\_\_\_

Optional: I typically describe myself as: \_\_\_White \_\_\_Asiatic \_\_\_Other:  
\_\_\_Black \_\_\_Hispanic  
\_\_\_Native American \_\_\_Arabic

I have registered for \_\_\_ workshops offered here by Master Gardeners or other Gardening Instructors (8 workshops required per year)

\_\_\_ I have submitted a plot plan and attached it to this application.

\_\_\_ I have read and accepted the Community Garden Guidelines and indicate with my signature below that I will comply in order to remain a plot manager in good standing this year in the Community Garden.

\_\_\_ I agree to communicate and work with youth mentors and other children who may contribute to my plot in the summer months in order to help children learn to garden and to make the plot as productive as possible.

Signed \_\_\_\_\_

## Office Use:

Mentors assigned to this plot \_\_\_\_\_

Volunteer hours interests \_\_\_\_\_

Volunteer Hours completed: \_\_\_\_\_