



Health Science Center Community Garden
We Practice What We Teach

Plot Guardian Registration Form (please print clearly and complete the following):

1. Complete this application.
2. Read and sign the garden guidelines. This includes all the details about being a plot gardener including the time period, costs, garden maintenance, etc.
3. Return the above along with a check or cash to [the Office of Sustainability located in the Facilities Management Building Room 110](#). The check needs to be made payable to the Health Science Center.
4. After submitting the application, signed guidelines, and payment, we will notify you as to your plot assignment or if you will be put on the waiting list.

Name: _____ Date: _____

Phone #: _____ Email: _____

Emergency Contact Name: _____ Phone #: _____

Please indicate how you will manage your plot:

_____ Individual _____ Organization _____ Group

If you are managing it as a HSC Organization or Group, please complete the following:

Organization/Group Name: _____

Members (List all the members who will manage the plot. Each member who will work on the plot must read and sign the garden guidelines. Attach an additional sheet if necessary*):

1. _____
2. _____
3. _____
4. _____
5. _____

*Only include the names of people who will actually work on the plot not every name in the organization.

Do you require any special considerations for your plot? If so, please elaborate below.

For Office Use Only:

Date application, signed guidelines, and payments received: _____

Check #: _____

Cash: _____