

Garden of Grace

Community Garden Application 2012

Date: _____, 2012

Name: _____

Address _____

city

state

zip

Phone: _____ Email _____

___ Years of Gardening experience

___ # of people participating in the garden.

Are you interested in more than one (1) garden plot? ___

Fee: \$30.00 Paid yes ___ No ___

Gardener Agreement ___ Garden Policy ___

Approved ___ Denied ___ Reason _____

Priority is given to South St. Paul and Inver Grove Heights residents.

Inspiring Growth