
2019 COMMUNITY GARDEN PARTICIPANT DATA SHEET

Last Name: _____ First Name: _____ M/I: _____

Last Name 2: _____ First Name 2: _____ M/I 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ License Plate: _____

Please indicate the total number of gardeners working in your plot and/or members of your family:

Adult Males: _____ Adult Females: _____ Males under 18: _____ Females under 18: _____

Please check if you anticipate donating any vegetables to a food pantry or other organization:

Donate to Pantry? _____

Please check if you would like your contact information added to the Community Garden Directory to connect with other gardeners:

Yes, I would like my contact information added to the directory. _____

VOLUNTARY DEMOGRAPHIC DATA

Please provide the following demographic information about yourself. This information is used to ensure our programming is reaching a diversity of audiences. You reserve the option to not provide this demographic information. Should you choose to not provide this information, please choose "Prefer not to respond."

Race (check one): _____ African American/Black _____ American Indian/Alaska Native
_____ Asian _____ Hawaiian/Pacific Islander _____ Other
_____ Two or more races _____ White _____ Prefer not to respond

Ethnicity (check one): _____ Hispanic or Latino _____ Not Hispanic or Latino _____ Prefer not to respond

Gender (check one): _____ Female _____ Male _____ Prefer not to respond