# 2024 Community Garden Registration Form

Last Name: First Name(s):

Address:

City: State: Zip Code:

Phone: Email:

**Please indicate the total number of gardeners in your household working in your plot(s):**

Adults: \_\_\_\_\_\_\_\_\_ Children under 18: \_\_\_\_\_\_\_\_

**I would like to rent the following number of plots for the 2024 season:**

\_\_\_\_\_10’ x 20’ $20 each \_\_\_\_\_20’ x 30’ $40 each

\_\_\_\_\_20’ x 20’ $30 each \_\_\_\_\_Raised Bed $10 each **$\_\_\_\_\_\_\_\_ TOTAL ENCLOSED**

**Are you a returning gardener?** 🞏 **YES\*** 🞏 **NO**   
\**We’ll try our best to locate you at or near the same location as last year, if desired.*

**If NO, where did you hear about the Community Garden?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like your contact information added to the Community Garden Participant List to connect with other gardeners?** 🞏 **YES** 🞏 **NO**

***WAIVER***

I have read and accept the rules, terms, and conditions stated on the Community Garden Guidelines sheet for the participation in the UW-Extension Walworth County Community Garden.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Signature of Responsible Party Date

Community Garden

UW-Extension Walworth County

PO Box 1001

Elkhorn, WI 53121

**Please mail Registration Form, Fee and optional Demographics Information to:**

**Or Drop Off at:**

100 W. Walworth St, Elkhorn

Room 201