 2025 Gardener Plot # (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Form  **Paid $ \_\_\_\_\_\_\_**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street & City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment #\_\_\_\_\_\_

Email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Relative/friend ‘s phone & relationship ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Circle best ways to contact you: Text? Phone call? Emall? You must stay in our What’SAPP Group!

How many adults (over 18 yrs old) live in your home? \_\_\_\_\_\_ How many 18yrs and younger \_\_\_\_\_\_\_  
Anyone in your household older than 50 yrs old? Yes No   
Is anyone in your home a student at NHTI? Yes No

Your native language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you read it? \_\_\_\_\_\_Country of origin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other languages you understand spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other languages you can read:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check each racial group that you identify with:

* American Indian or Alaskan Native Asian
* Black or African
* White
* Hispanic
* Asian   
  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any of the following services? Please check:

* Free & reduced price school lunch
* Heat/Electric assistance
* Food Stamps Medicaid
* Head Start Public housing/Section 8
* SSDI Commodity Foods
* WIC/CSFP SSI

**The fee for each plot is $20.** This money will be spent on materials such as shovels, wheelbarrows,

buckets, and other materials that will be kept on site for all garden plot users.

**Waiver of Liability**

I understand that neither the Sycamore Community Garden, nor NHTI, the land owners, are responsible for

my actions. THEREFORE, I AGREE TO HOLD HARMLESS THE SYCAMORE COMMUNITY GARDEN

PROJECT AND NHTI FOR ANY LIABILITY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION

WITH USE OF THE GARDEN BY ME OR ANY OF MY GUESTS.

I agree to abide by the garden rules and report violations or concerns to the Garden Manager.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Print Name Sign Name Date

***Theft from another garden will result in the loss of your plot! Please report any theft promptly.***