



Registration Form

Plot # _____

Paid \$ _____

Name _____

Street _____

Apartment # _____

City _____ Zip _____

Home Phone () _____ Cell or mobile phone () _____

How many people live with you? number of adults _____ number of children _____

Are you a student at NHTI? Yes No

What is your native language and country of origin? _____

Check each racial group that you identify with:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native Asian | <input type="checkbox"/> North African |
| <input type="checkbox"/> Black or African | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |

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

- | | |
|--|--|
| <input type="checkbox"/> Free & reduced price school lunch | <input type="checkbox"/> Head Start Public housing/Section 8 |
| <input type="checkbox"/> Heat/Electric assistance | <input type="checkbox"/> SSDI Commodity Foods |
| <input type="checkbox"/> Food Stamps Medicaid | <input type="checkbox"/> 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 above 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.

