



## Community Garden Beds at Houston Garden User Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Each applicant gets ONE Raised Bed. If we have more beds than applications, we will notify those who would like a second bed.

Please, check if you would like to be notified of left over beds.

*Each bed is \$35/year. We will collect payment after all applications are in and approved.*

*Applications are on a First Come, First Serve basis.*

I read the Liability and Guideline Forms

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions or concerns please contact Jasen OR Kandee  
jasen.kettle@wgcd.org OR kandee.nourse@wgcd.org or  
970.230.7021

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