



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 Roberto OR Kandee
Roberto.casas@wgcd.org OR kandee.nourse@wgcd.org or
970.230.7021**

"The West Greeley Conservation District prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs.