

GRAVENHURST COMMUNITY GARDEN

Gravenhurst Centennial Centre 101 Centennial Dr.

2019 PLOT REGISTRATION FORM

To register, submit this form with payment to the office at the Gravenhurst Centennial Centre

Mon-Fri 8:30am-4:00 pm

New Gardener or Returning Gardener		
Preferred Plot #('s)		
Second Choice #('s)		
Requested Height of Plot(s):		
Ground Raised Tall		

**Plots will be <u>assigned</u> to gardeners on a first come, first served basis based on the above information. Requests for specific plots cannot be guaranteed.

Date

Last Name of Gardener	First Name of Gardener		
Home/Mailing Address			
Town Postal	Code	E-mail Address	
Home Telephone Work	Telephone	Cell Phone	
In regards to the Community Garden, please indica	te preferred method	of:	
receiving information:Emailbeing contacted:Home Phone			
NUMBER OF PLOTS: 1 or 2 Liability Statement			
Office Use Only	In consideration of	the acceptance of my application and the permission to ram sponsored by the Town of Gravenhurst, I hereby waive	
Method of Payment: Cash() Interac() Cheque() Visa() Master Card()	agents, officers and in respect to injury may result of my par	e the Corporation of the Town of Gravenhurst, its employees, elected officials from all claims, damages, costs and expenses or damage to my person or property, however caused, which rticipation in the program. The Town of Gravenhurst reserves ographs of progams for promotional purposes. The following	
Paid in Full Staff Initial Entered Community Garden Plots	addressed above and material may contain use of which by othe	for use by the individual or entity for which it is specifically should not be read by, or delivered to, any other person. Such privileged or confidential information, the disclosure or other r than the intended recipient may result in the breach of certain	
01-1-710000-75000	Refund Policy No refunds shall be i	ent of rights of third parties.	
	Phone: (705) 687-67	774 or Email: recreation@gravenhurst.ca	

Signature