

Estelline Memorial Community Garden Application

312 6th St South, Estelline, SD

Raised Box Garden- 4'X12'

Plot is approximately 20'X25'

\$15 per spot or 2 for \$25. Limited spots available.

Date: _____

Received: _____

Name of Contact Gardener: _____

Mailing Address: _____

Phone Number: _____ Cell Number and or email: _____

Circle Types of Garden: Family Club or Organization Experimental Pesticide Free

Flower Tall (like corn or sunflowers) Perennial Tree or Shrub Fruit

Names and general ages of Gardeners: Adults _____

Kids _____ age _____, _____ age _____

_____ age _____, _____ age _____

Would you be willing to consider volunteering time or other resources to the gardens?

If so, what might you be willing to do? _____

Direct Questions to: Maria @ 605-⁶⁹¹⁻²⁶⁰⁶~~237-1353~~ or Tammy @ 605-873-2980

I agree to hold harmless the garden group and owners of the land for any liability, damage, loss or claim that occurs in connection with the use of the garden by me or any of my guests.

Signature

Date

Please make checks payable to and mail to: **Community Garden**, PO Box 198, Estelline, SD 57234