

Community Garden Participation Form

- I, myself
- My group/organization *(Please provide information below for the Group Contact Person)*

Would like to participate in the Community Garden at Holy Nativity Church in the following ways: *(check all that apply)*

- Sponsor a Garden Bed for a growing season

Large Bed ____ \$200 Small or Half Bed ____ \$100

- Care for a Garden Bed for a growing season

Large Bed ____ Small or Half Bed ____

- I/we would like to make a donation to be used as needed

Amount: _____

Your Name: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Please indicate the growing season you prefer. There are 35 beds needing care each growing season. Beds for each season will be assigned by availability to individuals and groups in order by the application date. All participants share in a Harvest Celebration at the end of each Growing Season and may keep 10% of the food grown for personal use.

- Spring/Summer Growing Season: April to September

2008 season will be June-September

- Fall/Winter Growing Season: October to March

Signature _____ Date _____



mail or return this application to:
Holy Nativity Episcopal Church • 6700 West 83rd Street, Westchester CA 90045
www.holynativityparish.org/communitygardenhn.php