



Community Garden Registration Form

First Name:	Last Name:
Email Address:	
Home Address:	
City:	Postal Code:
Phone:	DOB:

I agree, to indemnify and hold harmless the Corporation of the Town of Whitchurch-Stouffville, its elected officials, agents, employees, volunteers, and any other person for whom it is the law responsible, from and against any and all claims and proceedings in respect to any injury to myself or damage to my property that occurs in connection with the use of the garden by myself, my family, associates, or any other of my guests.

Plot holder Signature *Date*

Garden location and size of allotment requested (check "X"):	
<input type="checkbox"/> Sunnyridge Neighbourhood Park	<input type="checkbox"/> Greenwood Neighbourhood Park
*Raised Bed (4'x12') \$20 <input type="checkbox"/> Regular (10'x20') \$30 <input type="checkbox"/> Dimensions are approximate. Configurations may vary	

Information Below For Town of Whitchurch- Stouffville Use Only:

Payment of \$ _____ received. Receipt #: _____

Payment Method: Visa MC Cash Cheque Debit

Plot Number Assigned:	Date:
Town Representative:	Signature:

*The intent of the raised bed is to make the gardening area accessible to those who are unable to work at ground level. Please consider your level of need when submitting your application with choice of Garden Plot.