

**Terre Haute Community Garden Initiative**

LOCATION: 219 North 11th Street

**Opening day is April 25<sup>th</sup> between 10am and 12pm.**

**Garden Plot Registration**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

.....

**Plots will be assigned on opening day. Please register early for the best selection.**

Did you want to be in the same garden area as last year?

\_\_\_\_\_ Yes \_\_\_\_\_ No

How many plots will you need? \_\_\_\_\_ 10 feet by 10 feet  
\_\_\_\_\_ 10 feet by 15 feet  
\_\_\_\_\_ 20 feet by 20 feet  
\_\_\_\_\_ Easy access plots

How many will be part of your group / family? \_\_\_\_\_

What are you scheduling to plant? \_\_\_\_\_

What would you be interested in learning from this experience? \_\_\_\_\_

\_\_\_\_\_

Have you been involved in a community garden before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain? \_\_\_\_\_

What gardening knowledge / skills do you have? \_\_\_\_\_

\_\_\_\_\_

How many years have you been gardening? \_\_\_\_\_

**Please read the Community Garden Rules sheet and the signed off page must accompany this form.**

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**Each gardener is expected to help during the season with these mandatory general chores.**

- Site maintenance in the general community garden areas
  - Path maintenance near and surrounding your plot(s)
  - Fall cleanup of the communal areas
  - Composting maintenance (start-up and throughout the season)
- 

**Please choose one (1) or more additional chores that you would be interested in:**

- Conducting / assisting with seminars on gardening
- Garden coordinator positions
- Phone calls
- Mailings
- Assigning plots and plot layout
- Construction projects
- Maintenance of the Food Bank and Educational plots
- Social events

***I have read the Community Garden Rules and understand that failure to meet the guidelines will result in loss of gardening privileges.***

In consideration of my participation in the community garden on the property of Indiana State University, I hereby hold harmless and forever discharge Indiana State University, its Trustees, administrators, faculty, officers, agents, employees and/or students from and against all claims, demands, costs and expenses arising from bodily injuries or property damages sustained.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed and signed forms to:**

Attn: Donna Isbell  
Center for Public Service & Community Engagement  
Indian State University  
Tirey Hall Room 134A  
Terre Haute, IN 47809  
Fax: 812-237-2525