

## WVCC COMMUNITY GARDEN PLOT APPLICATION

266 SE Washington Street PO Box 491 Willamina, OR 97396

Submission of a Community Garden Plot Application does not guarantee a plot in the Community Garden. Limit of one plot per person at the April 1st opening date. Assignment of the plots will be awarded on a first-come, first-serve basis for new gardeners. Returning gardeners will be allowed to apply for a plot the beginning of the last week of March. After May 1st if there are any plots left, assigned gardeners will be given a chance to apply for another plot. If more participants are interested then there are plots available, there will be a wait-list and more plots will be added as able. One or more plots not assigned will be used as a "community" plot for Food Bank donations or those in need. The Garden Manager will put a sign out to show what plot(s) are designated as a "community" plot.

## PERSONAL INFORMATION

Full Name	Phone Numb	er
Address		
City	State	Zip
Email Address		
GARDEN INFORMATION		
Plot Size (Check One)		
Small Raised Bed ( 3 ft x 5 ft) \$25	5 / 2 Available Small Square Rais	ed Bed (4 ft x 4 ft) \$20 / 1 Available
Medium Raised Bed ( 3 ft x 9 ft) \$3	35 / 6 Available Large Raised	d Bed (4 ft x 12 ft) \$40 / 2 Available
Ground Solarized Bed \$3	35 / 1 Available Round B	Sarrel (\$10 / 1 Available)
Brich	k Round Raised Bed (\$20 /	l Available)

Note: The Garden Manager will let you know if your choice of size is no longer available and will direct you to ones that are still unassigned. We are hoping to build more raised beds and ground beds in the future.

\*If you wish to bring in up to 3 pots (MAX) to place in your designated area or somewhere in the garden authorized by the Garden Manager we are charging \$5 for a small pot and \$10 for a large pot. Please let the Garden Manager know if you plan on utilizing this so she can properly note and assign you an area if you want to locate them outside your designated plot. Please see the Garden Rules regarding pots and placement.

The application acceptance? Yes _	No
Do you have any gardening expe	rience or knowledge? Yes No
If yes, please describe	
ADDITIONAL INFORMATION	
Do you self-identify as low-income	e? Yes No I do not wish to answer
Do you have any special needs or	accommodations that we should be aware of?
Yes No I do not w	ish to answer
If yes, please describe how we ma	y help with these accommodations
COMMUNITY GARDEN AGREEN	MENT
Community Campus Community ( behavior expectations. I also agree ability and to treat other program regulations and understand that a	d agree to abide by the rules and regulations of the West Valley Garden Program, including plot maintenance responsibilities and e to attend meetings and work days as required to the best of my a participants and their plots with respect. I have read the rules and all persons who enter West Valley Community Campus facilities and ow all WVCC policies as posted on our website and/or on the
Signature:	Date:
Printed Name:	
	ley Community Campus Community Garden Rules or Application munitycampus.org or call 503-929-4037 or 541-709-0993.
ADMINISTRATIVE NOTES:	
PLOT ASSIGNMENT:	PAID AMOUNT:
RECEIPT GIVEN:	DATE:
OTHER	

