

Howell Organic Community Garden Application

(March 2018- February 2019)

Contact Information:

(Please print)

Your Full Name: _____

Your Street Address: _____

City, State, ZIP Code: _____

Phone Numbers: (LAND) _____ (CELL) _____

E-Mail Address: _____

Please Check All Applicable Items below:

- I am a Resident of Howell Township
- I have been a member of a Community Garden before
- I have experience with gardening
- I do not have experience with gardening
- I was a member of HOCG last year

Agreement and Signature:

I have read and understand the guidelines. Please sign the guidelines document and attach to the application.

I will pay an annual non-refundable fee stated in the table below to help cover common areas and maintenance costs.

*Make checks payable to "Howell Organic Community Gardens" and mail to Rick Pereira 20
Grand Teton Avenue Howell, NJ 07731*

Please send in this form and a signed copy of the Guidelines and payment by March 27, 2018.

Signature: _____ **Date:** _____

For questions email – howellorggarden@gmail.com

Plots	First Year Signup	Subsequent Year Renewals
1-13 and 39-51 are 4'X20'	\$50	\$35
14-18, 20-25, 27-38 are 4'x18'	\$45	\$31.50
19 is 4'x14'	\$35.00	\$24.50
26 is 4'x8'	SOLD OUT \$20	SOLD OUT \$14