



GARDENER APPLICATION 20-20

Name: _____

Address: _____

Phone: _____

Email: _____

Number of plots (\$20/first plot, \$10/plot for additional plots by the same gardener) _____

Total Due with application: \$ _____

Please make checks payable to **HSCPA** with a memo line notation: *Community Garden*

Photo Permission: From time to time, gardeners and the media will take photos of the garden.

Please check here if you do not give your permission for your photo to be published. If you do not give your permission, please let photographers know when you encounter them at the garden.

Phone and email: All gardeners are required to share their phone number on this application. In addition, a gardener's phone number and email address will be shared with all gardeners using the Community Garden.

Please check here if you do not want this information shared.

Please designate if you would prefer to receive a text.

The Courthouse relies on volunteers! If you are interested in volunteering in the Gardens or at the Courthouse in addition to reserving a plot, please let us know. We always are interested in your feedback, as well.

By signing below, I agree that I have read and understand the Gardener Guidelines and will follow them for the good of all. I understand that the HSCPA is not responsible for my actions or actions of others. I therefore agree to hold harmless the HSCPA for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

Signature

Date

This form can be mailed to: **Historic Salem Courthouse Community Center, PO Box 140, Salem, NY 12865**

Memo line for your check: *Community Garden*