

COMMUNITY GARDEN PROGRAM AGREEMENT

PARTICIPANT INFORMATION

FIRST AND LAST NAME		
ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL	PHONE NUMBER	
DATE OF BIRTH (mm/dd/yyyy)		

ACKNOWLEDGEMENT OF AGREEMENT

PARTICIPANT SIGNATURE	DATE (mm/dd/yyyy)
<input type="checkbox"/> I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THE COMMUNITY GARDEN AGREEMENT AND PARTICIPANT EXPECTATIONS.	