

**CHURCHILL PARK COMMUNITY GARDENS
REGISTRATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ OTHER: _____

EMAIL ADDRESS: _____

I would like my contact information to be available to other participants in the program.

I wish to apply for the following garden plot(s) at the Churchill Park Community Gardens. If I am allotted a garden plot, I understand that the **use of any pesticide is strictly prohibited** and will result in immediate cancellation of my access agreement.

Quantity	Plot Size	Price	Balance
_____	4 x 5 metres	\$86.06	\$ _____

Please specify your lot size and submit your registration fee accordingly.

Plot # Desired if known (please note: not guaranteed)

First Choice Second Choice Third Choice

COMMENTS: _____

Signature of Applicant

Date

Any violation of the pesticide agreement, item #4 of your information brief, will result in immediate cancellation of the access agreement with no refund.

Please make cheque payable to the City of Hamilton and mail in the enclosed envelope.

Note: Available sites will be assigned on a first come, first served basis, with last years gardeners being given their same plots if possible. If you are interested in more than one garden plot please advise and if there are extra lots available, you will be notified.