

Akron Cooperative 2024 GARDENER APPLICATION Farms

First Name:	Last Name:	
Address:		
Phone:	Email:	
Have you gardened with Akron	Cooperative Farms	before?YesNo
NOTE: Returning Gardeners are given	priority. Remaining plot	s will then be offered to people on the waiting list.
P	lot Size Requested	
_	Full Size (20' x 20)') for \$60
_	Half Size (10' x 2	O') for \$30
-	Raised Bed (4' x	3') for \$20
-	-	our plot, and their relationship to you. iver of Liability for 2024.
NAME:	RELATIONS	IIP TO YOU:
Read and initial if you understand	and agree to the follo	owing statements:
I have read and understand the 2	024 Garden Rules. I will	explain them to everyone working in my plot.
I understand that failure to follow season as well as not being able t	-	not being permitted to garden for the rest of the ure.
I understand I cannot give or sell	my plot to anyone else,	including family members.
I understand I need to contribute	1 hour of work every mo	onth (April to October) to the farm.
I will attend monthly Gardener m	eetings	
Payment is enclosed. Amount: New Gardeners, please wait until	-	ning Gardeners should enclose payment. oved.
 Print Name	Signature	Date