

TOWN OF MASHPEE
Mashpee Community Garden Application
(Please PRINT or Type)

Gardener Name: _____

Alternate Gardener (If Applicable): _____

Address: _____

Phone Number(s): _____
Home Cell/Work

Email: _____
Gardener Alternate Gardener

Do you have special needs which require a plot close to the entrance? ____NO ____YES

Would you like the assistance of an experienced gardener to get you started? ____NO ____YES

Are you an experienced gardener who is willing to help a new gardener get started? ____NO ____YES

Returning gardener? ____NO ____YES If YES, Keep same plot? ____NO ____YES

CONTACT RELEASE: By checking YES, you agree to allow your phone number and e-mail address to be shared with your fellow gardeners. (optional) ____YES

NOTE: Mashpee Community Garden committee members, volunteers, and news media sometimes take photos at the Garden. Should you prefer not to be included in published photos, immediately notify any photographers you see at the Garden.

I have read, understand, and agree to abide by the rules associated with the Mashpee Community Garden as outlined in the Rules and Responsibilities document. Enclosed is my check for \$20.00 and one signed Mashpee Community Garden Indemnity and Hold Harmless Agreement per gardener listed above. I understand that this application will not be processed unless accompanied by the fee and Indemnity Agreement(s).

Signature: _____ Date: _____

Cost: \$20 plot rental fee – Make check payable to the Town of Mashpee

Mashpee Community Garden Advisory Committee
Mashpee Town Hall
Office of the Town Manager/Selectmen
16 Great Neck Road North, Mashpee, MA 02649

FOR OFFICE USE ONLY:

Date Forwarded to Committee _____ By _____ Fee Paid(y/n) _____ Indemnity Form(s) Filed(y/n) _____

Plot # Assigned _____ Plot NOT Available: Waitlisted _____ Fee Returned _____ Date Notified _____