

# 2025 Registration Form for Community Gardens @ Recreation Park CG, Midtown CG and Normal Park CG (at WIHI/WIMA)

**\*\*Forms & checks due by Monday March 31, 2025 to Lisa B. 909 Grant St, Ypsi\*\***

**For info, email [wombbat@umich.edu](mailto:wombbat@umich.edu), [tgenyk@gmail.com](mailto:tgenyk@gmail.com) or [robertawandrews@hotmail.com](mailto:robertawandrews@hotmail.com)**

## General Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many people will be gardening from your household? \_\_\_\_\_

Number of seniors: \_\_\_\_\_ Number of children: \_\_\_\_\_

Does your family participate in food stamps or WIC? Y\_\_\_ N\_\_\_

Do any gardeners have special needs related to participating in a community garden? Y\_\_\_ N\_\_\_

If yes, how can we best accommodate these needs? \_\_\_\_\_

Please indicate your first and second choice garden location:

Recreation Park \_\_\_ Midtown \_\_\_ Normal Park (@WIHI/WIMA) \_\_\_ No preference \_\_\_

(We will try to fill all requests, but please indicate if you will only garden at one location. If we have more people than plots at one location, we may do a lottery.)

I would like a ½ plot (8X8) \_\_\_ or full plot (8X16) \_\_\_ (sizes are approximate!)

## Asset Survey

Gardeners of all ages, abilities and experience levels are welcome. Please circle any of the following areas in which you can act as a knowledge resource for other gardeners:

Organic gardening - Garden pests - Weed control - Preserving harvest - Composting - Construction

Other(s): \_\_\_\_\_

## Membership agreement, signature and fee

I, \_\_\_\_\_, have read the Community Garden Guidelines and agree to them. I further agree by my signature that I understand I am participating at my own risk and will not hold the City of Ypsilanti, Township of Ypsilanti, School District of Ypsilanti, Growing Hope, Midtown Neighborhood Association or Normal Park Neighborhood Association liable or responsible for any injury or incident resulting from my participation, or that of any member of my family, in this project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A sliding-scale registration fee must accompany this form to reserve your spot: \$5.00 – 30.00 for a half plot and \$10.00 – 50.00 for a full plot.

I am enclosing a check for \$\_\_\_\_\_ made out to **Growing Hope** for my registration fee.