|  |  |
| --- | --- |
| **Name:** |  |
| **Address (include postal code):** |  |
| **Phone:** |  |
| **Cell:** |  |
| **E-Mail Address:** |  |

*\* Garden information will be sent to you via email.\**

*Please check your email regularly as this is how we communicate.*

Are you a returning community gardener from last season (2022)? ❑ Yes ❑ No

I would like a plot in: ❑ Dunmore Rd. – MH ❑ Kipling – MH

* Registration for returning gardeners is open until December 31st of the current year.
* Following that date, registration is first come – first served basis – NO EXCEPTIONS
* Membership to the garden is at the discretion of the Community Garden Administration.

Annual fee is $30.00. Cheques are to be made payable to ***Community Food Connections Association***.

**Rules, Terms, and Conditions for Participation**

Non-compliance with the rules, terms, and conditions is cause for exclusion from the garden and loss of your plot and your garden registration for next year will not be accepted.

**As a member of the CFCA Community Gardens, I agree to abide by the following rules, terms, and conditions:**

1. I use this garden at the sole discretion of the Community Food Connections Association. I agree to abide by its policies and practices.
2. The fee for the use of the garden is $30.00 per plot, per season (March 31 to October 31). There are no refunds.
3. Once I have been assigned a plot, I will cultivate and plant it. I will garden throughout the season. My plot cannot be left unattended or unused for any period of two weeks or longer.
4. If I am planning to be away for two weeks or longer, I must arrange for someone to care for my plot.
5. I will not expand my plot beyond this measurement or into paths or other plots. I will keep all my plants within the limits of my garden plot and will not allow any plants to grow more than six feet high. I must keep my plot free of weeds, pests and diseases.
6. **I will keep my plot, paths, and surrounding areas clean and neat. I will remove refuse and garden waste from the Community Garden**.
7. If I must abandon my plot for any reason, I will notify the garden administrator.
8. I will not plant any illegal plant.
9. I will not smoke, drink alcoholic beverages, or use illegal drugs in the garden. I will not come to the garden while under the influence of alcohol or illegal drugs. I will not bring pets or other animals to the garden.
10. Guests and visitors, including children, may enter the garden only if I accompany them. They must follow all rules, terms, and conditions stated here. I will supervise my children at all times when they are in the garden. I am solely responsible for the behavior of my guests.
11. I will not apply any pesticides in the garden.
12. I will attend monthly garden work bees/gatherings to meet gardeners, help to keep common areas and paths clean, share my knowledge and help build “community”.
13. I will not take food or plants from other gardeners’ plots. I will not take anything from the garden that is not rightfully mine.
14. I will respect other gardeners, and I will not use abusive or profane language or discriminate against others.
15. I will work to keep the garden a secure and enjoyable place where all participants can garden and socialize peacefully in a neighborly manner.

**Commitment**

I have read and understand the application and accept these rules, terms, and conditions stated above for the participation in the Community Garden.

I acknowledge that using the community garden involves certain risks of injury that are inherent to any activity. Garden sites may not be fenced, and my produce may be subject to vandalism. I understand that use of the garden is at my own risk. By signing this application I acknowledge that the Community Food Connections Association and respective land owners are not liable for any injury or loss that may occur to me or other people using my plot.

Signed: Date:

Fee: $30.00 annual fee enclosed

Cheques are to be made payable to ***Community Food Connections Association***.

**Mail or drop off signed registration with enclosed fee to:**

Community Food Connections Association

2948 Dunmore Road SE, Medicine Hat, AB T1A 8E3

A membership list will be distributed to those within your garden.

Do you give permission to include your telephone number on the list? ❑ Yes ❑ No

**For office use only**

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:

 ❑ Cash ❑ Cheque # \_\_\_\_\_\_\_