

## **GARDENER APPLICATION**

Upper Big Blue Natural Resources District 319 East 25<sup>th</sup> Street, York NE 68467 Phone (402) 362-6601; Fax (402) 362-1849 Email: vpaul@upperbigblue.org

## **Project GROW Community Gardener Application**

| Gardener Name  | Gardening Partner  |
|--|--|
| Gardener Address   |  |
| Gardener Phone   | Email  |
| Partner Phone  | Email  |
| A water use fee of \$20.00 is required at time of  | application made payable to the City of York.  |
|  | he UBBNRD, is required before the plot can be assigned. The you have removed all your plant materials and cleaned your |
| I qualify for government assistance (SNAP or WIC   | C). Yes No   |
| I would be willing to volunteer at the Project GRO   | OW Community Garden to assist as needed? Yes No  |
| If you are a new gardener, would you like an exp   | erienced gardener to help you? Yes No  |
| If you are an experienced gardener, would you lil  | ke to help a new gardener? Yes No  |
| Preferred plot tillage (please circle one): No-t   | ill plot OR Tilled plot  |
| I would like permission to use the following insecticides or herbicides on my garden plot.         |  |
| I have read the Project GROW Community Gardenius will result in loss of cleanup deposit and garden | en Rules and understand that failure to meet the guidelines ing privileges.  |
| Gardener Signature   | Date   |