

GARDENER APPLICATION Upper Big Blue Natural Resources District 319 East 25th Street, York NE 68467 Phone (402) 362-6601; Fax (402) 362-1849 Email: tjulesgard@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. | |
| A cleanup deposit of \$50.00, made payable to the UBBNRD, is required before the plot can be assigned. The clean-up deposit will be returned in the fall after you have removed all your plant materials and cleaned your plot. | |
| I qualify for government assistance (SNAP or WIC). Yes No | |
| I would be willing to volunteer at the Project GROW Community Garden to assist as needed? Yes No | |
| If you are a new gardener, would you like an experienced gardener to help you? Yes No | |
| If you are an experienced gardener, would you like to help a new gardener? Yes No | |
| Preferred plot tillage (please circle one): No-til | l plot OR Tilled plot |
| I would like permission to use the following insecticides or herbicides on my garden plot. | |
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I have read the Project GROW Community Garden Rules and understand that failure to meet the guidelines will result in loss of cleanup deposit and gardening privileges.

Gardener Signature_____