



Sugar Hill Community Garden

Membership Application

To provide a safe and friendly community garden for members to learn, educate, and share the experience with others.

Gardener:			
Address:			
City:	State:	Zip Code:	
Email:	Phone:		
Best way to contact me:	Email <input type="checkbox"/>	Phone (call) <input type="checkbox"/>	Phone (text) <input type="checkbox"/>
Sugar Hill Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sugar Hill Gas Customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact (name):			(phone):
I recognize that I will be required to perform 12 hours of garden community service annually toward the general care and upkeep of the garden. Initial here _____			

New Gardeners are assigned 1 plot initially. You may request a second plot to be assigned to you if one becomes available. You will need to pay for the second plot separately if you have not been already assigned one.			
1 plot	\$35.00	I would like a 2 nd plot if one is available.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Plot Fees 1 plot \$35 2 plots \$55		I have already been approved for a second plot: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Total Plot Fees due			
Deposit (\$50 one-time deposit undated check) – a deposit check will be held by the City of Sugar Hill in case of damage or violation of the garden rules, gardener’s agreement or by-laws. If a gardener is in violation the deposit will be withheld by the City of Sugar Hill.			
By signing this form, I agree that I have read and understood all garden rules and regulations. I understand that the City of Sugar Hill is not responsible for any of my actions. I therefore agree to hold harmless the City of Sugar Hill for any liability, damage, loss or claim that occurs in connection with the use of the garden by me or my guests.			
Signature of gardener:		Date:	
Make checks payable to: City of Sugar Hill or credit cards accepted at the Parks and Rec Department (770) 831-7413			

OFFICE USE ONLY

Signature of Sugar Hill Staff Completing Form: _____

TRANS # _____

Stipulations: _____

Fees:
 Renter Fee: _____ Cash: _____ Check #: _____ VISA MC DSC PAID DATE: _____

Deposit Fee: _____ Cash: _____ Check #: _____ VISA MC DSC

Name on Check: _____

Deposit Picked-up: _____ Date: _____