



Member Garden Registration Form

Please submit signed form with a picture of your garden to syracusegrows@gmail.com
or print and mail it to Syracuse Grows, 144 Eggers Hall, Syracuse, NY 13244

Garden Name: _____

Garden Location: _____

Garden Leader Name: _____

Garden Leader Address: _____

Garden Leader Phone: _____

Garden Leader
Email: _____

Secondary Contact Name: _____

Secondary Contact Address: _____

Secondary Contact Phone: _____

Secondary Contact Email: _____

Garden Type

<input type="checkbox"/>	Shared Harvest	<input type="checkbox"/>	Combo Shared/Individual	<input type="checkbox"/>	School Garden	<input type="checkbox"/>	Other
<input type="checkbox"/>	Individual Plots	<input type="checkbox"/>	Donation Garden	<input type="checkbox"/>	Market Garden		

Name of Garden Representative: _____

Signature: _____

Date: _____



Garden Description (to appear on the Syracuse Grows website)

Garden Goals for this year and subsequent years.



Provide a summary of the garden's typical annual schedule (e.g. regular workdays/hours, annual events, etc.)

Approximate amount of land cultivated (e.g. 30 X 30 feet) and/or number and size of raised beds

Approximate number of people involved with the garden

What do you grow?