



Member-Garden Re-registration Form

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		

Signature of Garden Representative

Date