



## 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