Community Gardens
Gardener Registration Form

Name: __________________________________________ Age: ____________

Address: __________________________________________

Phone: __________________________ Cell Phone: __________________________

E-mail: __________________________________________

Emergency Contact: __________________________ Phone: ____________

☐ Fee (Davie Residents only): $30 per year/per plot (August 1st – July 31st)
  Proof of Residency is required: utility bill dated within the past two months.
  Please make check or money order out to Town of Davie and include with your
  application. Please note that payment is non-refundable.

I have received, read and agree to abide by the Community Gardens Participant
Memorandum of Understanding and Hold Harmless Agreements, supplied separately.
Initials: _______

I would like to request garden plot number: ______________________

Mail or deliver:
___Completed Gardener Registration Form
___Signed Participant Memorandum of Understanding
___Signed Hold Harmless Agreement
___Check or Money Order made out to Town of Davie to:
  Town of Davie Parks, Recreation
  & Cultural Arts Department
  Special Events/Community Gardens
  6591 Orange Drive
  Davie, FL 33314

For Office Use Only:

Type of Payment: _____________ Date Received: _____________

Plot Number: _____________