



Maintenance Operations
CITY OF NEW SMYRNA BEACH
COMMUNITY GARDEN APPLICATION – MARY AVENUE PARK

Full Name: _____

Street Address: _____

Telephone Numbers: Home: _____ Work/Cell: _____

Email: _____

Emergency Contact: _____

I (We), the undersigned have read the Community Garden Rules and Regulations and Pledge and agree to abide by all the rules of the NSB Community Garden. If I find that I cannot successfully abide by all the rules, I will notify the Leisure Services Department so my assigned plot can be reassigned to another gardener. I (We) also understand that the City of New Smyrna Beach and its agents accept no liability for incidents which occur while engaged in program activities. I (We) understand, a non-refundable semi-annual lease fee of \$15 will be charged for each garden plot. Fees must be paid at the time of registration and plots will be assigned on a first-come, first-served basis. A Community Garden Release of All Claims form must be on file with the City's Leisure Services Department prior to any land use within the Garden.

Signature: _____ Date: _____

Term: September 1st – February 28th This is a renewal for plot # _____

March 1st – August 31st Handicap accessible plot requested

Please check all that apply:

_____ I am a new gardener

_____ I would like more information on free gardening classes

_____ I have gardened before (where?) and for how long? _____

_____ I would like to be placed on a waiting list if a garden plot is not available



For City Use only:

_____ Date of Payment Cash _____ Check # _____ Credit Card: _____

_____ Release of All Claims form signed Date/Staff initials: _____

_____ Provided Copy of Community Garden Rules & Regulations

_____ Plot # Assigned Lease Begin Date: _____ Lease Expiration Date: _____