

**FRIENDS OF THE MONROE TOWNSHIP
COMMUNITY GARDEN
APPLICATION FORM- 2017**

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number(s) _____ **Email:** _____

I have received and hereby agree to abide by all of the rules and regulations which have been adopted by the Friends of the Monroe Township Community Garden. I understand that these rules and regulations are subject to change at any time by the Friends of the Community Garden. I also understand that failure to abide by these rules may be grounds for forfeiture of my garden plot.

Site Preference- plot number in order of preference. We will try to accommodate your request.

1. _____ 2. _____ 3. _____

Signature(s) _____ **Date:** _____

Please mail this completed and signed application on or before May 1, 2017 with a check (NO CASH) for \$30.00 made payable to: Friends of the Monroe Township Community Garden. You may mail your application and payment to:

**Friends of the Monroe Township Community Garden
One Municipal Plaza
Monroe Township, NJ 08831**

Please contact us at friendsofmonroegarden@gmail.com with any questions, requests, or special needs regarding your plot.

9/28/16