



KLAMATH COMMUNITY GARDEN 2010 PLOT APPLICATION

FIRST NAME _____ LAST NAME _____

STREET
ADDRESS _____

MAILING
ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

PLEASE CHECK ALL THAT APPLY:

- SINGLE-PARENT FAMILY ADULT (S) WITHOUT CHILDREN TWO-PARENT FAMILY
 SENIOR CITIZEN YOUTH LOW INCOME

TOTAL NUMBER IN HOUSEHOLD _____ **MONTHLY INCOME** _____

Information is confidential and it will only be used to determine plot assignment priority. Preference will be given to low income applicants.

DO YOU HAVE ALTERNATE GARDEN SPACE OUTSIDE OF THE COMMUNITY GARDEN?

YES NO

PLEASE DESCRIBE WHY YOU WANT TO PARTICIPATE IN THE COMMUNITY GARDEN. _____

PLEASE DESCRIBE YOUR GARDENING EXPERIENCE. _____

A LIMITED NUMBER OF RAISED HANDICAPPED ACCESSIBLE BEDS ARE AVAILABLE, ARE YOU INTERESTED IN A HANDICAPPED ACCESSIBLE BED? YES NO

ARE YOU ABLE TO CONTRIBUTE ANY MONEY TO COVER THE COST OF WATER FOR THE GARDEN? YES – Amount \$_____ NO

APPLICATIONS DUE APRIL 1, 2010

RETURN COMPLETED APPLICATION FORM AND SIGNED RULES CONTRACT TO:

**HEALTHY ACTIVE KLAMATH
C/O KLAMATH COUNTY HEALTH DEPARTMENT
403 PINE STREET
KLAMATH FALLS, OR 97601**