

The Garden Project – Learning to Garden Apprenticeship Application

Application Date: _____ (must be received by April 15th)

Participants

Please list the name of all Adults: _____

Please list the names of any/all participating children (Children over 8 are welcome to participate but must have supervision at all times. Children under 8 may visit only with supervision.

Children: Use back for additional names

1. _____ (Age: _____)

2. _____ (Age: _____)

3. _____ (Age: _____)

Contact Information

Please provide a primary contact name: _____

Address: _____

Home or Cell Phone (best contact number): _____

Email: _____

Expectations

_____ (individual/family):

I/we are willing to commit to working our plot a minimum of x number of hours per week or whatever is needed to be successful.

I/we are most available to garden _____ mornings, _____ afternoons, _____ evenings

I/we have _____ no gardening experience _____ a little gardening experience. Please provide any details that will be helpful on the back of application.

I have read and accept the Garden Apprentice application and the attached Commitment and Guidelines

Signed by Adult Gardener/s:

Date: _____

Direct any questions to : judyandtomc@comcast.net / tonyacqua@gmail.com / zosold04@gmail.com