

# Ottawa Community Garden Application

Date: \_\_\_\_\_

Gardener's Name

Address

City

State

Zip Code

Email (Due to limited time and resources, we will be utilizing email as our main source of communication with you)

Gardener's Phone Number (Please include home/work/cellular)

## 1. Number of plots requested

\_\_\_\_\_   
 # of 10' x 20'

\_\_\_\_\_   
 # of 10' x 10'

2. Raised beds are available on a first come, first serve basis to individuals with special needs.

If available, would you prefer a raised bed? \_\_\_\_\_

## City of Ottawa Resident

## Non-Resident

\_\_\_\_\_ X \$40.00= \_\_\_\_\_   
 # of 10' x 20'

\_\_\_\_\_ X \$50.00= \_\_\_\_\_   
 # of 10' x 20'

\_\_\_\_\_ X \$20.00= \_\_\_\_\_   
 # of 10' x 10'

\_\_\_\_\_ X \$25.00= \_\_\_\_\_   
 # of 10' x 10'

By signing below, I agree that I have read and understand the gardener guide and plan to abide by all of the garden guidelines and rules. I understand that neither the Ottawa Community Garden, Ottawa is Blooming, the City of Ottawa Illinois nor Garden's Gate Garden Center and Landscaping Incorporated are responsible for my actions. I therefore agree to hold harmless the Ottawa Community Garden, Ottawa is Blooming, the City of Ottawa Illinois and Garden's Gate Garden Center and Landscaping for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests. Photo disclaimer: Registrants and participants permit the taking of photos and/or videos of themselves and their children during the Ottawa Community Garden activities for publication and use as Ottawa is Blooming, the City of Ottawa and the Ottawa Community Garden deem necessary.

Gardener's Signature

Date

Payment: Check #

Cash

M/C

Visa

Amount:

Date Received:

Plot # Assigned:

**Make checks payable to: City of Ottawa**

**Mail completed application and payment to:**

**City of Ottawa Attn: Tami Koppen C/O Ottawa Community Garden 301 W. Madison St. Ottawa, IL.**