Carroll County Community Gardens

Registration Form 2022

Name:				_
Address:				_
Phone (Home):		C	ell Phone:	
E-Mail:				
(confirmation of plo	ot assignment	will be emailed upon	receipt of payment)	
•	ing plants, or	assist with mowing a		ents and abilities, have rdens, please contact
refundable S		on with signed rules a ks Payable to New Op 1922 to:		
New Oppor PO Box 427 Carroll, IA	7	munity Gardens		
I have read the Con	nmunity Gard	ardens 2022 Commu len Rules and Respon- in the loss of my curr	sibilities and underst	
Printed Name		Signature		Date
WAIVER OF LIA	BILITY			
Carroll Community Opportunities, Inc l	Gardens do s DBA New Op	vided as is. Families so at their own risk. No portunities, Inc can be arising from the use of	Neither the City of C e held liable for any	arroll, Community bodily harm or
Signature			Date	
Would you like to s	secure the san	ne plot this year?	_Yes No	
Indicate below you	ır choices of	different plots you v	would be interested	in:
1st choice, plot # _	oice, plot # 2 nd choice, plot #		3 rd choice, plot #	
Please remember th	nis is first com			ccommodate everyone.
		FOR OFFICE USE	ONLY	
ΠΔΤΕ ΡΔΙΠ	\$ PAID	CHECK #	PLOT #	STAFF