

# Options Community Garden Scholarship Plot Registration

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

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

List others that will be working with you on your plot: \_\_\_\_\_

\_\_\_\_\_

Please describe in the space below why you want a scholarship plot:

What do you plan to grow this season?

**For Options Community Garden Use:**

Garden Plot # \_\_\_\_\_  
Paid Annual Water Fee: Y / N

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