



# City of Tigard

PARKS & REC

## Community Garden Registration Form

Please return this form by **email** to [parkres@tigard-or.gov](mailto:parkres@tigard-or.gov); by **mail** to Tigard Public Works Department, Parks Division, 13125 SW Hall Blvd., Tigard, OR 97223; or **in-person** at the Tigard Public Works Building, 8777 SW Burnham Street, Tigard. *Office hours are Monday through Thursday 8 a.m. to 6 p.m.* You must be within Tigard city limits to qualify for resident rates.

### PARTICIPANT INFORMATION

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

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARK & PLOT INFORMATION

Please select one of the following:

METZGER			JACK PARK			GREENFIELD		
Size	Amount		Size	Amount		Size	Amount	
4'x8'	\$30 Resident		10'x10'	\$45 Resident		10'x10'	\$45 Resident	
	\$35 Non- Resident			\$50 Non- Resident			\$50 Non- Resident	
4'x8'	\$30 Resident		10'x20'	\$60 Resident		10'x20'	\$60 Resident	
ADA	\$35 Non- Resident			\$65 Non- Resident			\$65 Non- Resident	
8'x8'	\$45 Resident							
	\$50 Non- Resident							

### PAYMENT INFORMATION

Method of payment:

Cash (In-person at Tigard Public Works)

Check (Payable to the City of Tigard)

Visa  Mastercard  American Express

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

#: \_\_\_\_\_

Exp: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

### COMMUNITY GARDEN AGREEMENT

I received and understand the City of Tigard's Community Garden Rules for the current year's gardening season. I agree and abide by these rules. Furthermore, I acknowledge that I am responsible for my own actions. I therefore agree to hold harmless the City of Tigard, its officers, directors, employees, and volunteers for any liability, damage, loss or claim that occurs in the connection with use of the garden by me or any of my guests. I understand that:

- My plot fee is nonrefundable.
- If I fail to pay my plot fee by the due date, I am forfeiting my plot, and my plot will be assigned to another gardener.
- If I fail to adhere to the hours of operation or any of the garden rules, I will forfeit my plot and future gardening privileges.
- If I fail to attend the mandatory meeting and participate in the mandatory cleanup session, I will forfeit my future gardening privileges.

Signature: \_\_\_\_\_

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