

**Dr. Robert R. Johnston**  
**Community Garden of Rhodesville**  
**APPLICATION FORM**

Gardener: \_\_\_\_\_

Gardener Address: \_\_\_\_\_

Gardener Telephone: \_\_\_\_\_

Gardener e-mail: \_\_\_\_\_

Vegetables I intend to grow: \_\_\_\_\_

\_\_\_\_\_

Site Preference:

-Bed-8 feet x 4 feet: (suggested for beginning gardeners): \_\_\_\_\_  
\$15.00 per growing season

-Ground Plot-Approximately 13X18: \_\_\_\_\_ \$20.00 per growing season

Bed/Plot assignment number \_\_\_\_\_

Payment options are available.

By signing below, I agree that I have read and understand the Gardener Guidelines and Rules and plan to abide by all of the garden rules. I understand that neither the garden group nor owners of the land are responsible for my actions. I therefore agree to hold harmless the garden group and owners of the land, (Town of Putnam) for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

---

Signature of Gardener

Date

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

Cash \_\_\_\_\_ (Garden Representative Signature) \_\_\_\_\_

Check # \_\_\_\_\_ (Garden Representative Signature) \_\_\_\_\_

Please return completed application to: Putnam Economic & Community Development  
156 Main Street  
Putnam, CT 06260