# 2025 Reindahl Community Garden Registration

1. Gardener: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

2. Gardening Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name First Name Middle Initial

3. Gardener Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street Name Apt. # City/Town Zip Code

4. Phone numbers: \_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gardener’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST Contact Method: **🞏** Email **🞏** Phone **🞏** Mail

5. Did you have a plot in this garden last year? \_\_\_\_\_\_\_\_\_\_\_ Plot no(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see 2024 Plot map)

Do you want the same plot(s) for 2025? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No. If no, please indicate in the notes field

(on Pg. 2) if you want plot(s) in the tilled or no-till area and we will contact you to discuss possible plot.

assignments.

1. What language(s) do you speak at home?

English \_\_\_\_ Hmong \_\_\_\_ Spanish \_\_\_\_ Lao \_\_\_\_\_\_Russian \_\_\_\_ Khmer \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in serving as a translator for your preferred language? \_\_\_\_\_Yes \_\_\_\_\_ No

7.  **Please** check here to show that you agree to do the following:

* Keep my plot weeded and tended.
* Abide by decisions made collectively by the gardeners who participate in coordinating the garden including the Plot Monitoring Committee.
* Follow land use and parking rules.
* Clear my plot at the end of the gardening season (tilled area).
* I will not use non-organic pesticides or fertilizers and will not set out poison(s) for rodents or other pests.
* I understand I am required to volunteer 3 hours per plot per year.

8**. Photo Permission**: I authorize the Gardens Network and Reindahl Community Garden to use, print, copy, publish and reproduce any videotapes, audio tapes, photographs, and print reproductions of you or your family for general educational, promotional, and visual purposes by the Gardens Network and Reindahl.  Check this box if you DISAGREE.

9**. Personal responsibility:** By signing below, I agree to hold Reindahl Community Garden; the Gardens Network (a partnership of Dane County UW Extension; Rooted; and the City of Madison) and lease holders of community gardens, and the agents, employees, and volunteers of the entities stated above, harmless from any and all liability for bodily harm, damage, or loss of any kind or nature arising from, or in any manner connected with, my participation in a community garden.

Signed: (Gardener responsible for plot) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Date

Who filled out this application if it was not the gardener? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. **Plot rental fees** are on a sliding scale according to family size and income. Please check the 2025 Plot Fee chart for your rate. Each plot is approximately 20 x 20 ft. New gardeners are encouraged to request a half plot, for half the fee. The maximum new gardeners can request is 1 plot.

##### Number of Plots \_\_\_\_\_ x Fee per Plot \_\_\_\_\_\_\_\_\_\_ = Total Plot Fees $ \_

Plowing fee $5 \_\_\_\_\_\_\_\_\_\_\_ (sections A, B, C, D, E, J, or K) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Optional –* ***Marsh Hay:***Number of bales \_\_\_\_\_\_\_ **x** $6.00 per bale **=** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Optional –* ***Pre-pay for volunteer hours****:* Number of plots \_\_ x $ 30.00 per plot = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grand Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am paying by:  Cash  Check  Money order

**Please make your check out to “Reindahl Community Garden." Be sure the gardener's name is on the check.**

**Mail completed Registration and check to:**

**Reindahl Community Garden  
PO Box 14407  
Madison WI 53708**

**Notes:**

**For Organizer Use Only:**

Amount Received $\_\_\_\_\_\_\_\_\_\_

**🞏** Cash **🞏** Check #\_\_\_\_\_\_\_\_\_\_

Initials \_\_\_\_\_\_\_\_\_\_

***Be sure the gardener's name appears on check.***