



Glenn Heights Community Garden Application

Applicant's Name:

DOB:

Mailing Address, City, Zip:

Home Phone:

Cell Phone:

Email Address:

Emergency Point of Contact's Name:

(Must be a citizen of Glenn Heights)

Mailing Address, City, Zip:

Home Phone:

Cell Phone:

Email Address:

New Member: Yes/No

Returning Member: Yes/No

Please select (one) desired interest.

- Traditional In-ground plot (14" W x 14" L)
- Raised Bed Planter (23" W x 98" L x 30" H)



Will you have participating family or associates to assist you with your respective plot, raised bed or raised bed planter? Yes/ No

If you selected yes from the previous question, please add up to five names.

Name:	DOB:	Relationship:
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Name:	DOB:	Relationship:
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Name:	DOB:	Relationship:

My signature below indicates that I have read and fully understand the Operational Guidelines and Applicant's Agreement in which this application is only complete when the document mentioned is signed to include the application.

Applicant's Signature: _____

Today's Date: _____

The application and applicant agreement must be submitted via-email to Lauren.Lewis@glennheightstx.gov , Community Engagement Administrator.

Subject: Community Garden Program