



Agapé Community Garden Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Preferred Contact Method: Call ___ Text ___ Email ___

Names and Ages of Gardeners Participating with Your Plot:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Level of Garden Knowledge:

Beginner ___ Intermediate ___ Advanced ___

Special Skills You Can Contribute:
