

LAKES AREA COMMUNITY GARDEN – Mississippi River Area

APPLICATION, RULES AND AGREEMENT FORM

The Lakes Area Community Garden Development Group is sponsoring this program to promote and foster community connection between residents. This project is not only an attempt to provide an opportunity for our residents to plant and grow crops, but is also an opportunity for our residents to cultivate and grow friendships and awareness of their neighbors.

APPLICATION – For Year 2019

1. Gardener's name: _____
2. Gardener's mailing address: _____
4. Gardener's home phone: _____ cell phone: _____
5. Gardener's email address: _____
6. Number of plots requested: ____ 5 ft. x 24 ft. (**\$20** per plot – max 2 plots)
7. Total fees due: \$ _____ OR _____ Sweat Equity – duty: _____
8. List Special Needs / Concerns: _____
(NOTE: A limited number of raised beds are available for handicapped individuals - **\$20** for a 5 ft. x 10 ft. bed – max one raised bed per request.)
9. Photo permission: From time to time, gardeners, garden leaders and the media will take photos of the garden. Please check here () if you **do not** give your permission for your photo to be published.
If you do not give your permission, please let photographers know when you encounter them at the garden.

RULES

1. I agree to pay the required fee for the *Lakes Area Community Garden* (LACG) located at 1500 East River Road in Brainerd. This leasing will be for the **2019** growing season only. I understand fees must be paid prior to plot assignment and that plots and raised beds are assigned on a first come/first serve basis. I understand that payment should be made in the form of a check made out to “Brainerd FFA Alumni”. If I choose to utilize the sweat equity option in place of the fee, I will make this arrangement with Brainerd Parks and Recreation Department.
2. I understand that I'm required to contact the Brainerd Park and Recreation Department if I decide not to maintain my plot/raised bed.
3. I understand that I'm required to keep all of my plants within the limits of my garden plot/raised bed.
4. I understand that I'm required to remove diseased plant material, weeds and pests from my plot/raised bed and nearby pathways.
5. If my plot/raised bed becomes unkempt based upon Brainerd Parks and Recreation Department / designated volunteer investigation, I understand that I will be given one (1) weeks' notice to clean it up. If it is not done within that time frame, the Brainerd Parks and Recreation Department will re-assign the plot, with or without existing vegetation, or it will be tilled in. I understand that there will be no reimbursement given to me. This action may preclude me from being able to lease a community garden plot/raised bed in the future depending upon the situation and review by the LACG Development Group.
6. I understand that I'm required to clear my plot of all vegetation by **October 31st of 2019**.
7. I understand that although I'm not required to attend LACG informational meetings, I should try to attend any such meetings in order to stay informed about happenings at the LACG.
8. I commit to using organic gardening methods and will not use chemicals (fertilizers, pesticides, insecticides, fungicides, etc.) in or near the gardens. Contact UMN Extension Master Gardeners from Crow Wing County at (218) 824-1000 extension 4040 (Help Line) for information on recommended gardening practices.

