



FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

- SINGLE-PARENT FAMILY
- ADULT (S) WITHOUT CHILDREN
- TWO-PARENT FAMILY
- SENIOR CITIZEN
- YOUTH
- LOW INCOME

**TOTAL NUMBER IN HOUSEHOLD \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_**

Information is confidential and it will only be used to determine plot assignment priority. Preference will be given to low income applicants. A \$25.00 contribution to help offset the cost of irrigation water is requested. Please make checks payable to The Rotary Foundation. If paying the \$25.00 water fee will create a hardship, please contact the garden coordinators for a possible cost reduction.

**DO YOU HAVE AN ALTERNATE GARDEN SPACE OUTSIDE OF THE COMMUNITY GARDEN?**

YES  NO

**PLEASE DESCRIBE WHY YOU WANT TO PARTICIPATE IN THE COMMUNITY GARDEN.**

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**PLEASE DESCRIBE YOUR GARDENING EXPERIENCE (circle one):**

Never      Beginner      Intermediate      Advanced      Expert

**A LIMITED NUMBER OF RAISED HANDICAPPED ACCESSIBLE BEDS ARE AVAILABLE, ARE YOU INTERESTED IN A HANDICAPPED ACCESSIBLE BED? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**APPLICATIONS DUE APRIL 15, 2014**

**PLEASE RETURN COMPLETED APPLICATION FORM, SIGNED RULES/CONTRACT, AND WATER FEE PAYMENT (make checks payable to The Rotary Foundation) TO:**

**C/O KLAMATH COUNTY HEALTH DEPARTMENT  
 ATTN: Terry Zimmerman  
 403 PINE STREET  
 KLAMATH FALLS, OR 97601**