2014 St. Andrew’s Garden Application

Today’s Date: _______________________________ Garden Group Name: _______________________________

Primary Contact Name: _______________________________ Secondary Contact Name: _______________________________

Primary’s WSU affiliation: _______________________________ Secondary’s WSU affiliation: _______________________________

Prim. Contact’s Phone: _______________________________ Secondary Contact’s Phone: _______________________________

Prim. E-mail: _______________________________ Sec. E-mail: _______________________________

Number of Group Members Involved: _____________ Number of beds you seek (max 2/team): _______________________________

Describe any garden experience you have: _______________________________

_________________________________________________________________________________________________________

Indicate what you are most interested in growing (we will try to provide these, but no guarantees!)

Vegetables: _______________________________

Herbs: _______________________________

Flowers: _______________________________

Harvest will be used for: _______________________________

_________________________________________________________________________________________________________

You and your group agree to:
- Participate for the ENTIRE season (late April to early November, 2014).
- Attend garden hours a minimum of once per week.
- Send at least one representative to weekly garden hours, workshops, and special events.
- Refrain from using chemicals in garden beds, such as fertilizer, pesticides, herbicides, etc.
- Look after your garden bed and the garden as a whole, including picking up trash and garden waste in garden area.
- Tend to your plants regularly, including weeding, watering and timely harvesting.
- Buy or use your own hand tools such as trowel, hand rake, gloves, and watering can.
- When using SEED Wayne tools, sign them out and clean them before returning.
- Use SEED Wayne provided compost for garden and recycle organic waste from the garden in SEED Wayne’s composters.
- Bring to SEED Wayne’s attention important issues in the garden that need addressed.
- Consider leading workshops on gardening techniques, nutrition, etc. (SEED Wayne will help you prepare).

SEED Wayne Agrees to:
- Coordinate major garden activities in which all allottee groups are expected to participate.
  (i.e. garden kick-off, learnshops, potlucks, putting the gardens to bed)
- Provide and allocate garden beds, seeds, transplants, compost, and other resources.
- Provide ongoing leadership, guidance and oversight.
- Organize gardener potlucks, events, and gardening workshops.
- Provide campus and community connections for networking or troubleshooting.

Fee: $10 per bed for the entire 2014 gardening season if team consists only of students. $20 per bed for the entire season if team consists of one or more WSU staff member or community member. Please arrange to drop completed application and fee, in person, with St. Andrew’s Garden Leader, Hope Morrow. Do not leave cash unattended. Receipt will be given. Questions? Write Hope Morrow at hope.morrow@wayne.edu
Additional Gardener Contact Information: PLEASE PRINT

1. Name: ____________________________ Phone: __________________________ E-mail: __________________________

2. Name: ____________________________ Phone: __________________________ E-mail: __________________________

3. Name: ____________________________ Phone: __________________________ E-mail: __________________________

4. Name: ____________________________ Phone: __________________________ E-mail: __________________________

For Primary and Secondary Contacts Only:

By signing this application, I confirm that I am an authorized representative of my garden group. I agree to keep the garden group on task and maintain on-going communication with SEED Wayne. I affirm that I understand the expectations of garden allotees, and on behalf of my group, agree to uphold the expectations as laid out in this application.

Signature of primary contact: ____________________________ Date: ________________

Print name of primary contact: ____________________________

Signature of secondary contact: ____________________________ Date: ________________

Print name of secondary contact: ____________________________

Signature of SEED Wayne representative: ____________________________ Date: ________________