



## ***Community Garden Rules***

### **Garden Access**

- The garden is open **May 15 – October 31, 2017**, weather permitting. Gardeners must harvest all produce and clean-up their plots by this date.
- Gardeners may be in the garden from sunrise to sunset.

### **Garden Plots**

- Western Wisconsin Health supplies the garden bed, soil, and the water only.
- Gardeners will only use the plots assigned to them.
- Our community garden strives to be organic. No chemicals may be used.
- Gardeners must maintain the plants within their plots, and cannot have plants and structures that impede the growth in adjacent plots.
- Only annuals may be planted.
- Gardeners provide their own seeds, plants, fertilizer, and tools.
- Gardeners water their own plot.
- Gardeners are responsible for any damage caused by their tools, personal property, or behavior.
- Gardeners shall keep their plots and adjacent paths clean and neat by removing weeds, overgrowth, and waste.
- Gardeners must remove, transport, and dispose of their own trash and weeds. A compost pile will be available for use.
- Edible plants must be promptly harvested.
- Gardeners shall complete an end of season clean-up of their plot by October 31.

### **Conduct**

- Burning is not allowed anywhere in the garden area.
- Children must be supervised.
- Pets are not allowed in the garden.
- Firearms, alcohol, illegal drugs, and illegal plants cannot be brought in or used.
- There is no smoking allowed on campus or in the garden area.
- Gardeners are expected to act in a manner that is civil, honest, and cooperative.
- Gardeners may lose their right to participate in the garden if they:
  - Endanger other gardeners
  - Take or use another's supplies or produce without permission
  - Grow illegal plants
  - Do not maintain their garden plot
  - Violate the rules for the garden
- Each gardener will pay \$15 per plot to use the garden, payable before anything is planted.
- If you have not worked in your bed during a one month period, it will be considered abandoned and it will be reassigned.



### **Community Garden Sign-up Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **Plot(s) Requested**

10' X 20' Plot Quantity: \_\_\_\_\_

5' X 10' Raised Garden Bed Quantity: \_\_\_\_\_

Alternative Size Specify Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

I have read the garden rules and agree to follow them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_

#### **Please return to:**

Attn: Amanda Gustafson  
Western Wisconsin Health  
1100 Bergslien Street  
Baldwin, WI 54002  
715-684-1595  
amanda.gustafson@wwhealth.org