



Community Garden Rules

Garden Access

- The garden is open **May 14 – October 31, 2018**, 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 \$20 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: Wendy Anderson
Western Wisconsin Health
1100 Bergslien Street
Baldwin, WI 54002
715-684-1101
wendy.anderson@wwhealth.org