

2023 Application Packet

COQUILLE HARVEST MOON GARDEN

Mailing Address: P.O. Box 165, Coquille, OR 97423

Email: theharvestmoongarden@gmail.com

Garden location: 180 N. Baxter St.

Thank you for your interest in joining the community garden! We're looking forward to an enjoyable and rewarding year ahead. Garden space is limited, so please apply early – here's how:

- Complete & Sign both the Coquille Harvest Moon and South Coast Community Garden Association (SCCGA) applications on the following pages.
- Mail your two completed applications along with two separate checks to the PO box address at the top of this page.
 - A waiver of Harvest Moon Garden application fee is available for those experiencing financial hardship.
 - Hand delivery of applications with cash payments may be possible if needed (*please send us an email to inquire*).
- Once your completed application packet is received, we will contact you by email with further information and to schedule orientation. (*Be sure to check your spam folder if you don't hear from us promptly*).

*No prior gardening experience, tools, or supplies needed. We'll provide everything you need to get started, plus ongoing educational opportunities, support & guidance.

Join us for a great year of growing nutritious & tasty food, making new friends, and caring for land & community in a positive and uplifting atmosphere. We look forward to hearing from you!

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Application for the 2023 Garden Season

4'x12' raised beds are assigned in the order completed application packets are received.

If a bed is not available at the time we receive your application, we will place your name on our wait list, return your payment, and contact you in the event a bed becomes available. One garden bed per household, please.

Please Print Clearly:

Name: _____

Name/s of additional household members sharing garden plot: _____

*Additional adult gardeners must complete a separate application packet.

Address _____

Phone _____ Email: _____

Emergency Contact: _____ I am a NEW RETURNING gardener.

I understand that membership in Harvest Moon Community Garden requires my participation in volunteer activities to support the well-being of the garden's grounds and programs, in addition to maintaining my individual garden plot. *(There are opportunities to suit a wide range of interests and abilities – please reach out with any questions).*

I agree to follow & uphold all written policies and any new policies established by the Community Garden Board of Directors.

I understand that annual participation in a garden orientation session is required for all gardeners, both new and returning.

Enclosed: \$10.00 payable to Coquille Harvest Moon Garden

I request a financial hardship waiver of Harvest Moon Garden application fee.

Enclosed: Completed SCCGA Application + \$10 payable to the South Coast Community Garden Association (SCCGA)

Enclosed: \$____ (Optional) Additional tax-deductible donation to the Coquille Harvest Moon Garden.

Signature _____ Date _____

Administrative Use:

Received: _____ Orientation: _____ Assigned: _____ Notes: