Depot Square Community Garden

First & Last Name: ____________________________________________________________

Address: __________________________________ City, State, Zip: ________________

Email: ________________________________________________________________

Phone: ________________________________________________________________

Preferred Garden Box:

4-foot x 8-foot Bed  
Resident $20 / 1 year ____________  
Non-Resident $30 / for 1 year ________

4-foot x 8-foot Raised Bed  
Resident $20 / 1 year ____________  
Non-Resident $30 / for 1 year ________

1. Did you have a plot at this garden last year?    Yes ____  No ____
2. If yes, do you want the same box as last year? Yes ____  No ____

Garden Hours: Sunrise to Sunset

Make checks payable to: Town of Arlington

Mail to: Town of Arlington, Community Garden, PO Box 507, Arlington, TN 38002
Gardening Agreement

As a member of the Depot Square Community Garden, I agree to:

• Plant, weed, water, and harvest my garden box.
• Keep my plants growing within the borders of my garden box, not grow more than 6ft high, and not shade other plots.
• Take steps to improve the soil in my garden box.
• Place organic waste in the compost bin, except for diseased plants which must be thrown in the garbage.
• Avoid wasteful use of water and will turn water off when finished watering the garden box.
• Lock the gate when leaving and not share the gate code with anyone.
• Actively supervise children that come to the garden with me.
• Fall clean up. During Fall cleanup, any stakes, netting, plastic materials, tomato cages, watering cans, etc., must be removed from all gardening plots by the plot owner. All plants and weeds must also be completely removed. Please note that a thoroughly cleaned garden plot is a condition to being invited to renew your membership for future seasons. This requirement does not include perennial plants or winter crops.
• Contact the Parks & Recreation Department (901-867-4980) immediately if I cannot maintain my garden box for any reason during the rental. (Failure to notify may result in forfeiture of the right to garden with the Depot Square Community Garden in the future.)
• Accept that the Town of Arlington assumes no liability for any person or property in the gardens.

By signing below, I agree that I have read and understand the Gardening Agreement and plan to abide by the Gardening Agreement. I understand that Town of Arlington is not responsible for my actions. I therefore agree to hold harmless the Town of Arlington for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

__________________________________________
Signature
__________________________________________
Date