

**FRIENDS OF THE MONROE TOWNSHIP  
COMMUNITY GARDEN  
APPLICATION FORM- 2019**

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Daytime Phone Number(s)** \_\_\_\_\_ **Email:** \_\_\_\_\_

I have received and hereby agree to abide by all of the rules and regulations which have been adopted by the Friends of the Monroe Township Community Garden. I understand that these rules and regulations are subject to change at any time by the Friends of the Community Garden. I also understand that failure to abide by these rules may be grounds for forfeiture of my garden plot.

**Site Preference- plot number in order of preference.** We will try to accommodate your request.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this completed and signed application on or before May 1, 2019 with a check (NO CASH) for \$30.00 made payable to: Friends of the Monroe Township Community Garden. You may mail your application and payment to:**

**Friends of the Monroe Township Community Garden  
One Municipal Plaza  
Monroe Township, NJ 08831**

Please contact us at [friendsofmonroegarden@gmail.com](mailto:friendsofmonroegarden@gmail.com) with any questions, requests, or special needs regarding your plot.

**9/21/18**