



# Parks and Recreation Department City of Bellingham

## 2019 Community Garden Plot Registration

The City of Bellingham maintains three Community Gardens in Bellingham:

Fairhaven Garden  
10<sup>th</sup> and Wilson

[FCGcommittee@gmail.com](mailto:FCGcommittee@gmail.com)

Happy Valley Garden  
32<sup>nd</sup> St between  
Taylor Ave & Donovan Ave

[hvcgcommittee@gmail.com](mailto:hvcgcommittee@gmail.com)

Lakeway Garden  
Lakeway Drive and  
Woburn Street

[parks@cob.org](mailto:parks@cob.org)

Beginning in 2019 all three gardens will be open year-round. Garden plots are approximately 10' x 20' or 200 square feet. Plot registration is \$40 per plot per calendar year. Returning gardeners may register for the same plots each November. New gardeners are encouraged to visit the Community Garden site, evaluate plots and speak with the Community Garden Committee to answer any questions before open registration in January.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

### Garden:

<input type="checkbox"/> Fairhaven Garden (2 plot maximum)	Returning Gardener Plot # 1: _____ Plot #2: _____	Yes / No
<input type="checkbox"/> Happy Valley Garden (4 plot maximum)	Returning Gardener Plot # 1: _____ Plot #2: _____	Yes / No Plot #2: _____ Plot #4: _____
<input type="checkbox"/> Lakeway Garden (4 plot maximum)	Returning Gardener Plot # 1: _____ Plot #2: _____	Yes / No Plot #2: _____ Plot #4: _____

**Main Office**  
210 Lottie Street  
Bellingham, WA 98225  
Phone: (360) 778-7000  
Fax: (360) 778-7001  
Email: [parks@cob.org](mailto:parks@cob.org)  
[www.cob.org/parks](http://www.cob.org/parks)

**Operations**  
1400 Woburn Street  
Bellingham, WA 98229  
Phone: (360) 778-7100  
Fax: (360) 778-7101  
Email: [parks@cob.org](mailto:parks@cob.org)  
[www.cob.org/parks](http://www.cob.org/parks)

**Arne Hannah Aquatic Center**  
1114 Potter Street  
Bellingham, WA 98229  
Phone: (360) 778-7665  
Fax: (360) 778-7062  
Email: [aquatics@cob.org](mailto:aquatics@cob.org)  
[www.cob.org/ahac](http://www.cob.org/ahac)

**Bayview Cemetery**  
1420 Woburn Street  
Bellingham, WA 98229  
Phone: (360) 778-7150  
Fax: (360) 778-7151  
Email: [bayview@cob.org](mailto:bayview@cob.org)  
[www.cob.org/bayview](http://www.cob.org/bayview)

**Please fill out information below and submit with payment to complete Community Garden Registration.**

- I have read the Community Garden Rules and understand that failure to meet the guidelines may result in loss of program fee and gardening privileges.
- I agree to volunteer 5 hours and am interested in
  - \_\_\_ Site maintenance
  - \_\_\_ Path maintenance
  - \_\_\_ Fall cleanup
  - \_\_\_ Composting
  - \_\_\_ Garden information sharing
  - \_\_\_ Phone calls
  - \_\_\_ Mailings
- I am interested in serving on the Community Garden Committee
- I/We will not hold the City of Bellingham, its agents, employees and volunteers, or anyone otherwise involved in City of Bellingham Parks' programs for which I am participating responsible for any accident or injury that might occur, negligence notwithstanding. I therefore hold the City of Bellingham and its employees and agents harmless and release and waive all claims against the City of Bellingham and its employees and agents that arise from my/our volunteer activities. Further, I/we acknowledge that we are undertaking this activity voluntarily, assume all risks associated with participating in the Community Garden Program.
- I/We, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above named program.
- I/We grant permission to the City of Bellingham and its sponsors to use photographs, motion pictures, personal data, recordings or any other record of this event for legitimate purposes.
- I/We grant permission to the City of Bellingham and its sponsors to use photographs, motion pictures, personal data, recordings or any other record of this event for legitimate purposes.
- I/We grant permission to share contact information with the Garden Committee for garden communications.
- I/We understand that failure to comply with Community Garden Rules & Responsibilities may result in cancellation of program participation and garden plot reassignment.

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

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_