

2024 Bloomer Community Garden Application

Name of Plot Holder: _____

Address: _____

Phone #: _____ Cell Number: _____

E-mail address: _____

Please return this application by **April 5, 2024** to guarantee your plot.
I want to rent a garden plot at the Bloomer Community Garden (y/n) _____
I wish to rent an additional plot, if available (y/n) _____

I agree to allow Extension Chippewa County to use my audio, video and/or print images for publicity purposes: _____ **(please initial, if agree)**

I agree to let my phone number/email be shared with fellow gardeners, if I need assistance with my garden or another gardener is looking for assistance:
please circle **yes or no**

Mayo Clinic Health System – Chippewa Valley in Bloomer, in permitting the use of certain excess lands for garden plots by the public, is not responsible for any personal injury or property damage incurred by any plot holder or their guests, or for the theft, loss, or destruction of personal property owned by any plot holder.
_____ **(please initial)**

I have read and agree to abide by the Bloomer Community Garden terms and conditions outlined in the Community Garden Guidelines.
_____ **(please initial)**

Plot holder's **signature**: _____ **Date**: _____

Please send the application to:

Extension Chippewa County
Att. Bloomer Community Garden
711 N. Bridge St Rm 13
Chippewa Falls, WI 54729