

COMMUNITY GARDEN PROGRAM AGREEMENT

PARTICIPANT INFORMATION

FIRST AND LAST NAME		
ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL	PHONE NUMBER	
DATE OF BIRTH (mm/dd/yyyy)		

ACKNOWLEDGEMENT OF AGREEMENT

PARTICIPANT SIGNATURE	DATE (mm/dd/yyyy)
<input type="checkbox"/> I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THE COMMUNITY GARDEN AGREEMENT AND PARTICIPANT EXPECTATIONS.	

GROW A ROW

Gardeners have the opportunity to support the Blackfalds Food Bank with Grow a Row! One row in your plot will be dedicated for growing food that will be donated to the Food Bank, and you will be provided with a branded stake to show your support!

☐ I would like to participate in Grow a Row this season!

Personal information provided on this form will be used to facilitate contact and administration of the Community Garden Program. This information is collected under the authority of Section 4(c) of the Protection of Privacy Act and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370.