



Greenbelt Community Garden Club

www.greenbeltgardenclub.com

email: greenbelt.community.garden@gmail.com

Returning Gardener Request for Plot Change

*Please note: You must be a Greenbelt Resident to apply. PLOTS ARE NON-TRANSFERABLE.
All questions must be answered in order for application to be processed.*

First Name: _____ Last Name: _____

Street Address _____ City _____ Zip _____

Cell Phone: _____ Home Phone: _____ Email: _____

Current location: _____ Change of Location Request: _____

Reason for Change: _____

How many people benefit from your garden including yourself and people who share your plot? (i.e. how many people eat your produce from your garden or come to help you garden?) *This information is for the city of Greenbelt Recognition Group Status.*

_____ 12 & Unders _____ 13-17 yr. olds _____ 18-59 yr. olds _____ 60 and older

By signing the plot assignment sheet, you agree to adhere to the bylaws of the GCGC and acknowledge that you have received a copy of and read and agree, to the GCGC Garden Rules.

Signature Date

For office use only:

Application received by GCGC on: _____ Received by: _____

Notes:

_____ Location _____ Plot # _____ Amt. Paid