

SOUTHINGTON COMMUNITY GARDEN

REGISTRATION **2020 GROWING SEASON**

***This registration is valid for the 2020 growing season.**

Name: _____

Address: _____

Telephone #'s: Cell _____

Home _____

E-Mail _____

Signature: _____

Date: _____

I have received a copy of the Garden Rules

Administrative Use Only

Bed Assignment # :



Signature of Administrator _____