



Learning from our past, growing for our future

**USU Ephraim Community Garden
Application Form**

For Questions Call USU Extension:

435-283-3472

Name: _____

Phone #: _____

Address: _____

Email Address: _____

Number in household: _____ Ages of children:

Community: _____

To participate in this project with the Ephraim Community Garden Program, I agree to: Plant and Maintain one 4 ft x 16 ft raised garden bed or 10 ft x 20 ft garden plot.

Complete an evaluation form regarding the project.

Program will decide dates to set up your garden.

Signature: _____ Date: _____

MEDIA RELEASE – I give my permission to USU Extension/ Ephraim Community Garden Program to use my name or my child’s name, and/or photograph, videotape, or any likeness for publicity and the use of statements made by or attributed to (or my child) relating to the USU Extension/ Ephraim Community Garden for this or similar promotions and grant to USU Extension/ Ephraim Community Garden Program any and all rights to said use without further compensation. It is my understanding that my signature above releases USU Extension/ Ephraim Community Garden Program from any financial or legal responsibility for the use of this media relations/promotional material.

Signature: _____ Date: _____

Prices

Raised Bed...(4ft x 16ft).....\$10.00

Ground plot....(10ft x 20 ft).....\$10.00

Combo... (1 bed- 1 plot).....\$15.00

4H enrolled child.....1 box or bed free with enrollment

Ask About other discounts and options.

USU Extension Office.....435-283-3472

Must fill out agreement form and maintain for the season.