**Note: Membership is open to all residents living within BRIGHTON city limits. Candidates must provide proof of residency**

**Chestnut Hill Reservoir Community Garden Application**

**Applicant Information**

**Name:**

**Date of Birth (Month & Day Only)**

**Phone:**

**Current Address:**

**City:**

**State:**

**Zip:**

**E-mail address:**

**Emergency Contact**

**Name of Relative not residing with you:**

**Address:**

**City:**

**State:**

**Zip:**

**Relationship:**

**Phone:**

**Spouse/Partner Information if Joint Application**

**Name:**

**Date of Birth (Month & Day Only)**

**Phone:**

**E-Mail address:**

**How many years have you been gardening?**

**How did you hear about us?**

**Please let us know if you are or have been a member at other Community Garden**

**organization, if so, what did you like or what would you like to see improved:**

**Please explain how you expect to benefit from your membership at Chestnut Hill Reservoir**

**Community Garden:**

**\*Thank you for your interest in the Chestnut Hill Reservoir Community Garden. Our membership**

**committee will review your application and will contact you within the next two (2) weeks**

By signing below, I agree that I have read and understand the Gardener Rules & Regulations document and Release of All Claims document and plan to abide by all of the garden rules. I understand that neither the garden group nor owners of the land are responsible for my actions. I therefore agree to hold harmless the garden group and owners of the land for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests

**Signature of applicant:**

**Date:**

**Signature of spouse/partner: (only if for a joint membership)**

**Date:**