



East Madison Community Center Garden Registration Form 2024

1. General Information

NEW Gardener RETURNING gardener

Last Name: _____ First Name: _____

Mailing Address: _____
Address City State ZIP

Email: _____ Phone: _____

Language(s): English Hmong Lao Spanish Other _____

Gardening Partner: Last Name: _____ First Name: _____

Email: _____ Phone: _____

I am a new gardener and want help getting started.

I am experienced and could mentor a new gardener.

2. Gardening Agreement

I have read and agree to follow the garden rules.

I agree to abide by decisions made collectively by the gardeners who coordinate the garden.

I understand I am required to volunteer 4 hours per plot per year. \$25/hour if not completed. Or pay at start of season to choose not to volunteer.

I have filled out the demographics form.

Photo Permission: I authorize the Gardens Network and East Madison Community Center to use, print, copy, publish and reproduce any videotapes, audio tapes, photographs, and print reproductions of you or your family for general educational, promotional, and visual purposes by the Gardens Network and East Madison Community Center. Check this box if you DISAGREE.

Personal responsibility: I agree to hold East Madison Community Center; the Gardens Network (a partnership of UW Madison Division of Extension; Rooted; and the City of Madison); Madison Metropolitan School District (if applicable) and lease holders of community gardens, and the agents, employees, and volunteers of the entities stated above, harmless from any and all liability for bodily harm, damage, or loss of any kind or nature arising from, or in any manner connected with, my participation in a community garden.

Signature: _____ Date: _____

Who filled out this application, if not the gardener? _____ Phone _____

3. Payment

Plot rental fees are set on a sliding scale according to family size and income (see demographics and plot fee chart).

What?	How much?				How many?	Total Fees:
Garden Plot Fee	\$17	\$35	\$63	\$95	✗ # _____ plots	\$
Incomplete 2023 volunteer hours	\$10 per hour missed				✗ # _____ hours	\$
					✗ # _____ bales	\$
TOTAL DUE:						\$

▸ Please make your check out to "East Madison Community Center Garden."

Notes:

For Organizer Use Only:

Amount Received \$ _____

Cash Check # _____

Initials _____

Be sure the gardener's name appears on check.

Your information remains anonymous and is collected by the Gardens Network solely for funding purposes.

1) FIRST circle the number of people in the household(s) using the plot, THEN circle the household(s)'s total annual income:

1	2	3	4	5	6	7	8	Over 8: # of people: ¹	Plot Fee ²
↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
Less than \$24,250	Less than \$27,700	Less than \$31,150	Less than \$34,600	Less than \$37,400	Less than \$40,150	Less than \$42,950	Less than \$46,630	_____	\$17
\$24,250-40,400	\$27,700-46,150	\$31,150-51,900	\$34,600-57,650	\$37,400-62,300	\$40,150-66,900	\$42,950-71,500	\$46,630-76,100	_____	\$35
\$40,401-62,600	\$46,151-71,550	\$51,901-80,500	\$57,651-89,400	\$62,301-96,600	\$66,901-103,750	\$71,501-110,900	\$76,101-118,050	_____	\$63
More than \$62,600	More than \$71,550	More than \$80,500	More than \$89,400	More than \$96,600	More than \$103,750	More than \$110,900	More than \$118,050	_____	\$95

2) How many people in your household have a disability? # _____

3) Is this a female-headed household? Yes No

4) How many people in your household identify as (Note all that apply):

_____ Hispanic/Latinx

_____ Multi-racial

_____ Asian/Southeast Asian/Pacific Islander

_____ Native American/American Indian

_____ Black/African American

_____ White/Caucasian

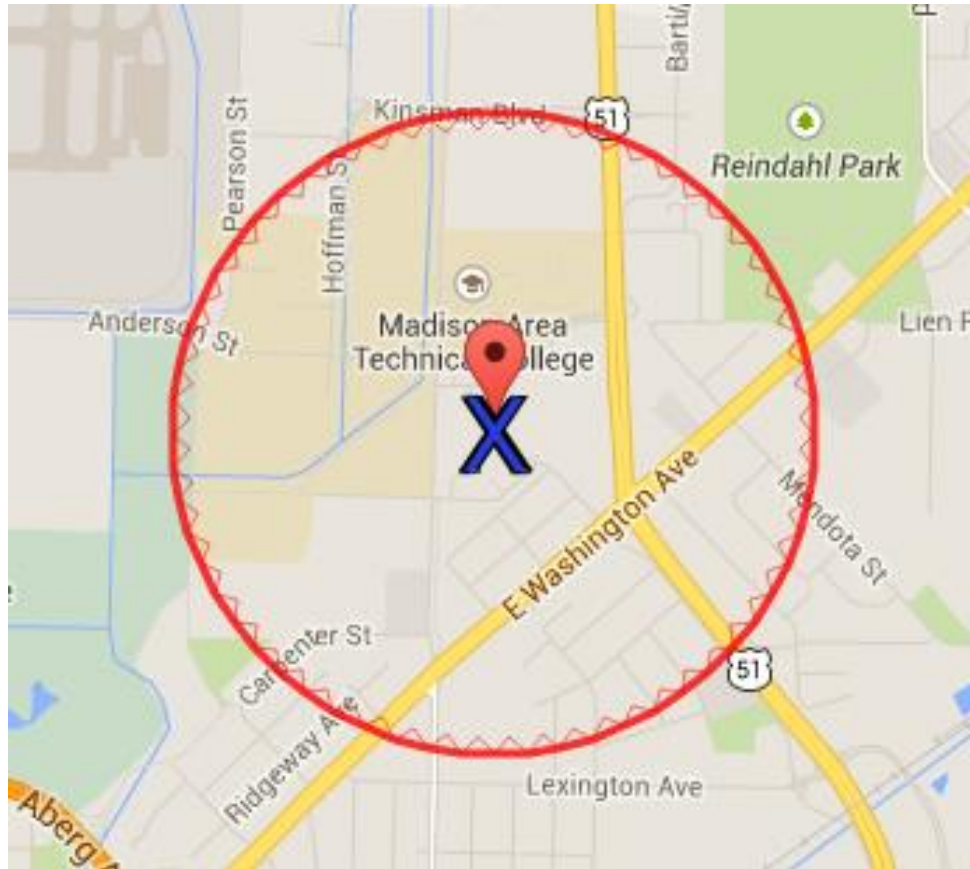
_____ Other: _____

5) Do you live within a half mile of the garden (see map)? Yes No



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Half Mile Radius Map (East Madison Community Center)



Please email Regina McConnell at rmcconnell@eastmadisoncc.org with any questions.

