## Wimberly Center Community Garden Raised Garden Bed Rental Form

Please circle one option:	New Member	<b>Current Member</b>	
Gardener's Name:			
Full Address:			
Contact Phone Number:			
Email:			
Note: Unless a current mem The rental period is from Ma annual base only.			
The annual rental fee is	\$40.00 per bed.		
Payment will not be deposit agreement form is received receipt payment must be m	You will then be se	nt an email confirmat	, -
Please circle one option (Be	ds are 8-ft x 4-ft.):	1 bed	2 beds
Acknowledgment:			
I have read and understand stated in the Community Ga Wimberly Center Communit	rden Rules and Guid		
I hereby agree to hold harmloss, liability, claim, demand out of, or in connection with	, suit, cost and exper	nse directly or indirect	ly resulting from, arising
Gardener Signature:		Date:_	
If paying by check, make che	eck payable to <i>Winde</i>	er Housing Authority.	
Please mail or drop off this s Winder Housing Authority 163 Martin Luther King Jr. D. Winder, Georgia 30680		ment to:	
Rental Fee Amount Submitted: \$ Payment acknowledged by:			
New Member Approved by:		Dat	te:

Garden Box number: \_\_\_\_\_