

Pax Christi Garden Plot Program

Application

(Please Print)

Name: _____ Sex: M F Age: _____

Address: _____

Telephone: _____

Drivers License or ID Card Number: _____

Spouse or Partner: _____

E-Mail: _____

Emergency Contact: _____

Names of family/friends who will work in the garden

I have received a copy of the garden rules: Yes: _____ No: _____

Signature: _____

Comments: _____

PLOT # _____