



With My Own Two Hands Urban Gardener Program

Please print legibly! ☺

NAME _____ EMAIL ADDRESS _____ PHONE _____ PHONE _____

ADDRESS _____

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| <p>Please rate your gardening experience</p> <p>Organic Gardening <input type="checkbox"/> None <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p> <p>Veggie Gardening <input type="checkbox"/> None <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p> <p>Flower Gardening <input type="checkbox"/> None <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p> <p>Herb Gardening <input type="checkbox"/> None <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p> | <p>What I hope to get out of this program</p> <hr/> <hr/> <hr/> <hr/> <p>I would be willing to help others in this program by</p> <p><input type="checkbox"/> Assisting in digging out beds and putting in compost <input type="checkbox"/> Sharing my organic veggie gardening tips and tricks with others <input type="checkbox"/> Assisting others in planting seeds and/or transplants <input type="checkbox"/> Hosting meetings at my home and/or in my garden <input type="checkbox"/> Offering the use of my vehicle to transport soil and amendments <input type="checkbox"/> Helping others build plant cages and supports <input type="checkbox"/> Other great ideas on how to help!</p> <hr/> <hr/> <hr/> <hr/> |
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