

Diamond Valley Community Gardens Society

Registration Form

You are invited to our in-person Registration for the Community Gardens on March 1st,
2025 at the Sheep River Library from 1-3 pm

Returning members will have received your Registration package prior to March 1st.
Your completed & Registration form, with your bed number can be dropped off with
your payment on March 1.

Please note our insurance waiver as well as our agreement to comply with
the Garden Guidelines has been included on the back of the Registration
form and needs to be signed.

If you are unable to attend Registration Day, returning members can leave the completed
and signed form in a marked envelope in the Garden shed at either Community Garden.

Do not leave cash in this envelope. Contact dvcgardens24@gmail.com if you are
uncertain about your bed number or to find out if others are available.

Name _____ Phone Number _____

Mailing Address _____ Town _____

Postal Code _____ Email Address _____

How many people will enjoy food out of this garden? (Required or grant applications)

Children 0-6: ____ Children 7-12: ____ Youth 13-17: ____ Adults 18-64: ____ Seniors 65+: ____

Cost of 4' x 10' raised bed in Turner Valley at 625 Calkins Place is: \$30 per bed

Cost of 4' x 16' raised bed in Black Diamond at 205 2nd Ave. N.E. is: \$60 per bed

Cost per bed \$ _____ X number of beds _____ = Total Cost \$ _____

Garden Site BD ____ or TV _____ Bed Number(s) _____

**YOUR BED NUMBER MUST BE OBTAINED BEFORE YOUR
REGISTRATION CAN BE COMPLETED.**

Payment can be made in the following ways:

1. E-transfer using dvcgardens24@gmail.com Please put your name in the notes so the Treasurer knows who has paid.
2. Cash payment is available at the In-Person Registration only.
3. Mail a cheque to Diamond Valley Community Gardens Society
Box 937
Diamond Valley, AB
TOL 0H0

Agreement

In signing below, I agree that I have read and understand the Garden Guidelines & Information and accept responsibility for contributing to the maintenance & upkeep of the Community Garden.

I am aware that failure to meet these expectations may result in my termination as a member of this community garden by the Diamond Valley Community Gardens Society.

I understand that I am responsible for my actions at the Diamond Valley Community Gardens and at events sponsored by the Society. I therefore agree to hold the Society harmless for any liability, damage, loss or claim that may occur in connection with use of the Diamond Valley Community Gardens or Garden activities by myself, my family or my guests

Signature _____ Date _____

_____ By initialing this space, I am giving permission to have my name present on the Garden Bed Map that will be posted at each Garden.

Personal information collected on this form is solely for the purpose of carrying out Community Garden Society business.