



Pilgrim Terrace Cooperative Homes
COMMUNITY GARDEN PROGRAM
APPLICANT INFORMATION

Date Received:
Paid: Yes ___ No ___ Cash ___ Ck# ___
Received by:

Revision: 10/01/2023

Applicant Name: _____

Address (PO Boxes not accepted): _____

City: _____ Zip Code: _____

Telephone # (Day): _____ (Evening) # _____

Email Address: _____

New [] Renewal []

- I'm renewing and if selected, I would like to return to my current plot(s)
I am new and request the following plot choices 1) 2) 3)
I require a wheelchair accessible garden plot, if available.

Use Agreement

Notices:

If email address is provided above, I agree to receive any notices regarding this agreement by electronic communication. (Initial Here).

Parties:

This agreement is made and entered into on, between hereinafter referred to as "Gardener", and the Pilgrim Terrace Community Garden hereinafter referred to as "Program Operator."

Premises:

Subject to the terms and conditions below, Program Operator allows the use to Gardener, for organic gardening purposes only, the premises known as Plot No. located at Pilgrim Terrace Community Garden, Santa Barbara, California.

Term:

The term of this Use Agreement shall begin on (insert date) and shall continue for a period of 12 months thereafter, expiring the same day next year (Should Gardener not pay their annual fees, not follow program rules, or abandon plot; plot will be deemed vacant and be available for resale.

Fees:

On signing this agreement, Garden members shall pay to Program Operator \$150 (non-refundable).

I have read, understand, and accept the above terms and conditions along with the Pilgrim Terrace Garden Rules document.

Signature: _____

Date: _____