

City of North Las Vegas
Community Services and Development Department
Craig Ranch Regional Park Community Garden Application Form

Please print clearly:

FULL NAME: _____

STREET ADDRESS: _____ CITY _____ ZIP CODE _____

PHONE # _____ CELL# _____ FAX# _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE # _____

Check ALL appropriate items

- ____ I am City of North Las Vegas resident.
- ____ I am a Non-Resident of North Las Vegas.
- ____ I am applying for a 5' x 13' full size raised bed planter box. (\$150 per year)
- ____ I am applying for a shared raised bed planter box. (\$75 per year)
- ____ I am an experienced gardener.
- ____ I am a new gardener.

Briefly state why you are applying for a space at the garden, and what you plan to grow?

TOTAL AMOUNT ENCLOSED \$ _____

I have read the Community Garden guidelines and understand that failure to meet the guidelines will result in the loss of gardening privileges. I also understand the City of North Las Vegas, its agents and employees accept no liability for incidents which occur with this program.

SIGNATURE _____ DATE _____

Submission of this application does not guarantee a plot. Plot fees are subject to change.

Staff Only

Received Payment by: _____ Date: _____
Payment Method: Check #: _____ Visa/MC/ AMEX Receipt #: _____
Plot # _____ Raised bed # _____ Proximity Badge # _____