



COMMUNITY GARDEN

P.O. Box 789, Edinboro, PA 16412 • (814) 734-3511



2022 GARDEN GUIDELINES

- **Begin planting your garden bed by June 1.** Unplanted beds will be given to those on the wait list.
- Visit and maintain your raised bed at least **once each week.**
- Pull out the **weeds** in your bed and from all surrounding walkways throughout the season.
- Manage your **produce** by weekly visits to the Garden during harvest. Don't let veggies rot on the vine.
- If you have a surplus of vegetables, take part in our Wednesday Harvest Evenings in August or independently donate them to the **Edinboro Food Pantry**, open Thursdays, 9am-4pm in Edinboro University Lawrence Towers on Perry Lane.
- **Weigh and record** produce donated to the Food Pantry. Use the scale and notebook in the Tool Trunk.
- If you cannot care for your bed (vacation/illness), use a **Red Flag**, from the Tool Trunk, to indicate that you need help. The flag will alert fellow gardeners to water and/or weed for you.
- Conserve water. Always check that the hose valves are turned off before leaving the Garden.
- Use the **Compost Bins** outside the South gates. Carry all seed-free weeds, spent plants, and rotten vegetables to the bins after weeding and harvesting.
- Do not pick from your neighbor's garden, even if you think they have neglected it.
- Do not plant Federal or State declared illegal or invasive plants, i.e. marijuana.
- No pets are allowed in the community garden; No alcohol, illicit drugs, or firearms are permitted on the property; No gardener is permitted to sell their produce for money.
- **Prepare your beds for winter by November 1.** Pull out and compost all plants; remove plant cages and trellises.

The Garden Leadership Team may contact you if concerns arise.

Failure to comply with these guidelines will result in forfeiture of gardening privileges.

2022 CALENDER OF GARDEN EVENTS

Saturday Spring Prep Days : April 23 & 30, May 14 & 21

10am - 12pm

Garden Education Night : May 25

Coupons from Scotland Yards, Heirloom seedlings from UPS Chris, Weed & Insect control

7pm - 9pm

Wednesday Harvest Evenings : August 6, 13, 20, & 27

7pm - 9pm

Saturday Fall Clean-up Days : October 15 & 22

10am - 12pm

GARDEN OF EDIN HOURS: Sunday : Noon to Sunset / Monday - Saturday : Sunrise to Sunset



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2022 APPLICATION

Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Annual Fee: \$15/Raised Bed _____ Tax Deductible Donation _____

The 2022 Garden of Edin will provide one 4' x 8' and one 1' x 6' raised bed for an annual fee of \$15.

4 beds of the 40 available will be set aside to grow produce for the Edinboro Food Pantry.

Please make checks payable to: Garden of Edin Community Garden

Mail to: Garden of Edin, P. O. Box 789, Edinboro, PA 16412 or drop off at First Presbyterian Church.

I agree to and will abide by the following conditions:

- 1.) I agree to pay the **\$15 annual fee** per raised bed, payable no later than **May 1**.
- 2.) I agree to abide by the attached **2022 Garden Guidelines**, cooperate with my fellow gardeners and notify the Garden Leadership Team if my contact information changes.
- 3.) I agree to **plant** my bed by **June 1**. I understand that if I do not comply, my bed will be forfeited to someone on the waiting list.
- 4.) I agree to **weed and maintain** my bed throughout the summer. I understand that if my bed is overrun with weeds, I will be notified about possible forfeiture.
- 5.) I agree to **harvest** my produce in a timely manner, let no produce rot on the vine, and consider donating my surplus to the Edinboro Food Pantry
- 6.) I agree to clean out my bed and remove all spent plants and trellises by **November 1**.
- 7.) **I understand that neither the Garden Leadership Team nor the owners of the land are responsible for my actions. I therefore agree to hold harmless the Garden Leadership Team and the First United Presbyterian Church for any bodily harm, liability, damage, loss, or claim that occurs in connection with use of the garden by me or any of my guests.**

I understand that failure to comply with any of the above conditions may result in loss of my raised bed and forfeiture of all payment. The Signature of Applicant below verifies that each applicant/participant has read and agreed to the attached Garden Guidelines and the conditions above.

Signature of Applicant _____

Date _____

For Office Use Only:

Paid _____ Form of Payment _____ Date _____ Bed # _____