Penfield Community Victory Garden 2012 Bed Reservation Form

*(*Fill out form completely, including signature*)*

(PLEASE PRINT)

PARTICIPANT NAME_____ **PHONE** _____

ADDRESS _____ **CITY**_____ **ZIP**_____

E-MAIL _____ **CELL PHONE** _____

If participant is under the age of 18, please complete the following shaded area:

PARENT NAME_____ PHONE #_____ RELATIONSHIP (Mom/Dad) _____

2ND PARENT NAME_____ PHONE #_____ RELATIONSHIP _____

PLOT SIZE (CHECK ONE)	**FEE**
____ 6' x 16' (single)	$35
____ 6' x 32' (double)	$50

TOTAL AMOUNT ENCLOSED $_____

FOR OFFICE USE:

Bed number(s) assigned _____

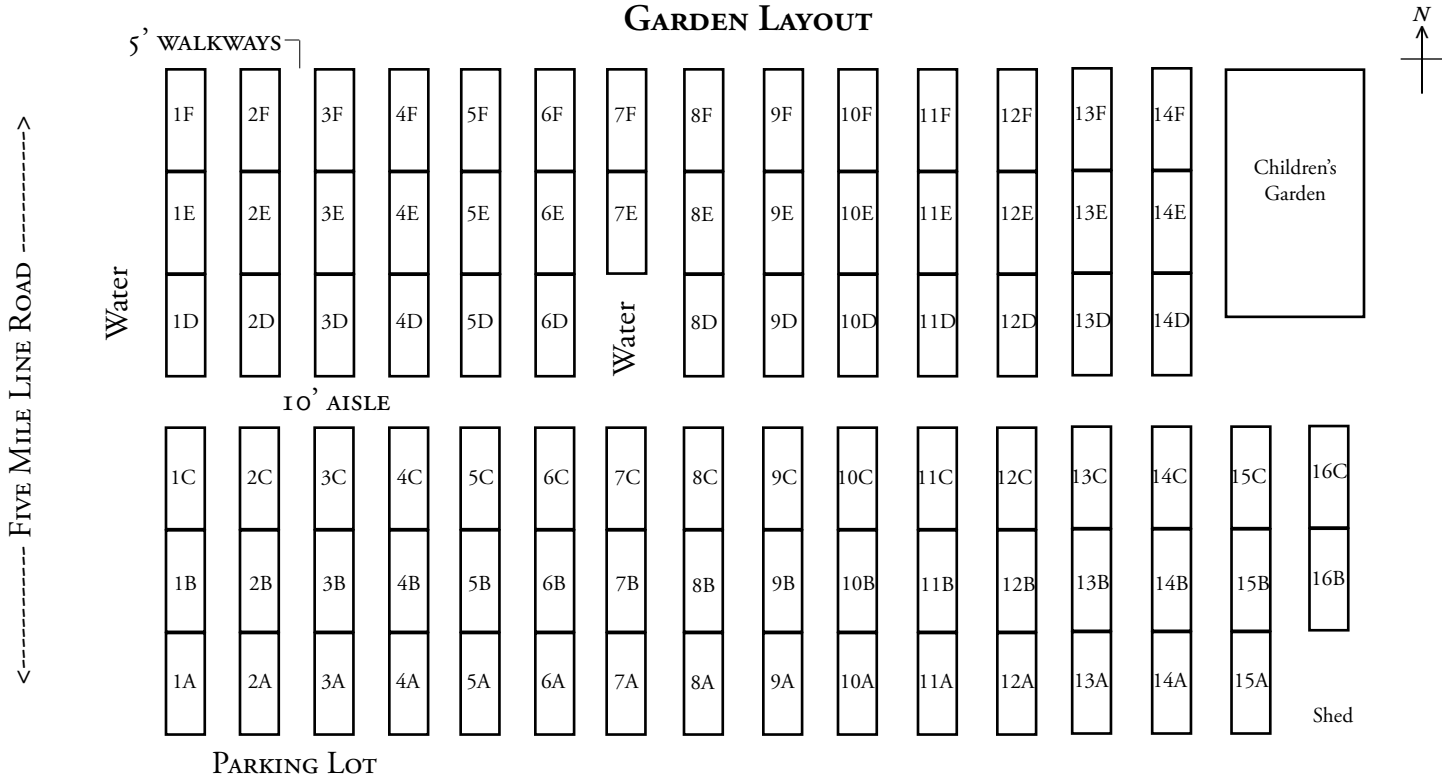
WAIVER FOR PARTICIPATION - *In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Penfield and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the above stated activity, I do hereby authorize the Town of Penfield to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Town of Penfield Refund and Registration Policy. Refunds are subject to a processing fee.*

_____ *I have read and agree to adhere by the Penfield Community Victory Garden Rules and Guidelines.*
(check here)

SIGNATURE X_____ [PARENT/GUARDIAN/SELF (IF OVER 18)]

Check payable to:
"**Penfield Recreation**"

VISA / MC / DISC Exp. Date ___/___ Account # _____ - __ __ __
3-digit security code

Cardholder's Name:_____ Authorized Signature _____

GARDEN LAYOUT