



Farm to School Garden Plot Application

Individual or Group Applying

Name(s): _____

Contact Information

Phone Number: _____

Email: _____ Address: _____

Emergency Contact (name & number) _____

Please circle one:

Profit or Non-Profit

Purpose and/or plans for planting areas:

Crops: _____

of planting areas/plots requested: _____

Individuals or groups selected to farm plots at the CCOE Education Village will be required to complete an additional License Agreement.

Printed Name of Parent/Guardian Signature Date

(If participant is under 18 years old)

Printed Name of Participant Signature Date

