Name:

Address:

Phone Number:

Mobile:

Email:

Do you have a site in mind? Yes  No

If yes, please provide site location details:

If yes, is the site location Council owned land? Yes  No  Unsure

How many people are involved in wanting to establish this Community Garden?

Are you part of an incorporated group or organisation?  Yes  No  Unsure

Have you read the City of Marion Community Gardens Guidelines?  Yes  No

What type of Community Garden do you want to establish? What plants would you like to grow?

What are your aspirations for this Community Garden?