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?