



Wausau Urban  
Community Gardens

A project of **BridgeCommunity**  
HEALTH CLINIC

Our Mission: To increase the awareness of good health through growing one's own food while demonstrating sustainable gardening practices and strengthening neighborhood participation.

### 2018 Plot Rental Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Do you have any medical conditions that we should be aware of? If yes, please explain.

\_\_\_\_\_

Are you a patient at Bridge Community Health Clinic?  Yes  No

If no, are you interested in becoming a patient?  Yes  No

How did you hear about Wausau Urban Community Gardens? \_\_\_\_\_

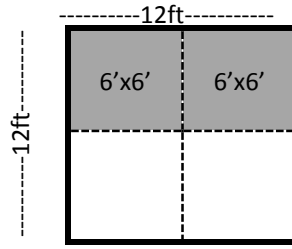
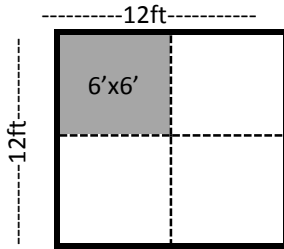
Are you interested in volunteering?  Yes  No

Which garden would you like to be in? Note that we will try to assign you to the garden on your choice, but may need to adjust based on the actual plots rented.

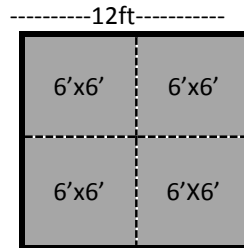
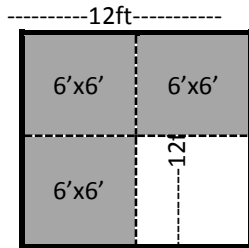
- Emerging Garden**    **Bridge Clinic Garden**    **East Towne Garden**

What size plot would you like to rent? Note that these are the full prices and do not reflect any sliding fee discount that may be applied.

- One 6' x 6' plot (1/4 bed) --- \$30.00**       **Two 6' x 6' plots (1/2 bed) --- \$60.00**



- Three 6' x 6' plots (3/4 bed) --- \$90.00**       **Four 6' x 6' plots (whole bed) --- \$100.00**



Wausau Urban Community Gardens is happy to offer an **income-based sliding fee scale discount** for plot renters. If you are interested, please provide the following income information and we will determine your discount when the application is received.

Family Size: \_\_\_\_\_

Yearly Family Earnings: \_\_\_\_\_

\*\*If you have a preference for which plot you'd like to rent, please let us know when you turn in the application and we will do our best to accommodate your wishes.\*\*

Questions? Call Paul at 715-261-2123 or email [paulk@bridgeclinic.org](mailto:paulk@bridgeclinic.org)

Please return this form to Paul Kage at Bridge Community Health Clinic, 1810 North 2<sup>nd</sup> Street, Wausau, WI 54403, along with your payment. If you are applying for a sliding fee scale discount, we will determine your discount when the application is received and will let you know your fee.

## Renter Expectations & Agreement

If you chose the **Bridge Clinic Garden** – note that the garden has honey bees. If you have a known bee allergy please, check the box below . Please carry your epi pen while in the garden and avoid the hives.

Yes

1. I agree not to use any commercial fertilizers and pesticides with chemicals such as Round-Up or Miracle Grow in the garden.
2. I agree to water, weed, and care for my garden weekly.
3. I agree to put away community garden tools once I am done using them. I will put the garden tools away clean and in the correct storage place.
4. I understand that the garden’s administrators have the right to reclaim my plot if it has not been maintained for two weeks. A garden administrator will contact the renter within the two weeks to inquire about the plot.
5. I understand that the Emerging Garden is not responsible for lost or damaged garden tools, and that any tools I bring with me I will take home and store after use.
6. I understand that there are no pets allowed into the community garden.
7. I understand that all children under the age of 16 must be supervised at all times in the community garden.
8. I agree to be respectful of other individuals’ spaces and property.
9. I agree to report any injury sustained while in the garden to the garden coordinator. I do understand that Bridge Clinic is not liable for or responsible for treatment of injuries sustained while I am in the garden.

By signing this, I acknowledge that I will follow the above expectations and agreements.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_