



# The Old Schoolhouse Gardening Group

## Membership Form

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

**Contact Details** (If you provide us with some contact details we can keep you informed of events and developments. We prefer **email** if possible!):

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Please indicate what time best suits you for group gardening activities:

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

***"I confirm that I have read The Old Schoolhouse Community Project's Gardener's Guide and that I agree to follow the guidelines given."***

Signed: \_\_\_\_\_

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



Gardening at the Old Schoolhouse