



GARDEN STARTERS 2017 SERVICE ORDER FORM

TODAY'S DATE: _____

GARDEN STARTERS SERVICES are only available for a maximum of 2 food gardens located within the City of Flint. In order to continue to provide these services, Edible Flint requests a **\$10 fee** for Soil Testing. Garden hose filters can be ordered for **\$10 per filter**. Additional hose filters available: **call Deb 810-244-8547**.

→ **GARDEN STARTERS SERVICES** please complete chart: Services available WHILE SUPPLIES LAST!

SERVICE REQUESTED	COST	QUANTITY	TOTAL (multiply quantity x cost)
SOIL TESTING* Any garden in the City of Flint - Max 2 gardens, 3000 sq. ft.	\$10.00		
GARDEN HOSE FILTERS	\$10.00		
		AMOUNT DUE:	(add up totals)

*Accessible tools, tiller rentals and for-hire contacts available – **call The Neighborhood Engagement Hub 810-620-1299**
Disclaimer Statement: Soil test data may be used to support Edible Flint's work –no personal information will be shared.

GARDEN INFORMATION (Please answer all questions)

PRIMARY CONTACT (first & last name): _____

NAME OF GARDEN AND/OR ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____

YOUR PREFERRED METHOD OF CONTACT: EMAIL _____ TEXT MESSAGE _____ PHONE _____ MAIL _____

ALTERNATE CONTACT PERSON (first & last name): _____

PHONE: _____ EMAIL: _____

DON'T STOP NOW! Please complete both sides of this form →

GARDEN INFORMATION (Please answer all questions)

Please list your garden(s) location (parcel numbers must include street name):

1) _____ Zip Code _____

2) _____ Zip Code _____

LIST SIZE OR SQUARE FEET OF EACH GARDEN BELOW

How many garden(s): _____

Square feet for lot 1 : _____ ft x _____ ft

Square feet for lot 2: _____ ft x _____ ft

Years in cultivation, not including this year (please circle): 1 2 3 _____ New garden

Number of adults involved: _____

Number of youth (under 18) involved: _____

Has the soil been tested? _____ Yes _____ No

If yes, what year? _____

Do you have a water source? _____ Yes _____ No

If yes, please describe the water source: _____

What do you grow in your garden? Check all that apply

_____ Vegetables _____ Herbs _____ Fruit _____ Flowers _____ Other _____

Are you willing to track your harvest? _____ Yes _____ No

I would like to learn more about *edible flint*:

_____ Classes _____ Garden Tour _____ Nutrition _____ Growing for sales

Are you interested in learning more about selling your produce? _____ Yes _____ No

PLEASE SUBMIT COMPLETED FORM **NO LATER THAN June 30, 2017**

MAIL Edible Flint Garden Starters
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Cash, checks or money orders are payable to *edible flint*.



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