

West 104 Street Community Garden

Mutual Agreement for Outside Group Garden Event

Name of person or organization: _____

Date of event: (subject to approval, pending other garden events) _____

Start time: _____ **End time:** _____

Type of event: _____

Approx. number of persons: _____

Your contact person and telephone number: _____

Our contact person and telephone

Kim Maitland
maitlandk@hotmail.com

Suggested donation: \$_____

We hope that your group will enjoy the garden. If we can be of assistance please let us know.

You are responsible for cleaning up after your event and for taking all refuse out of the garden as well as payment for any damage to garden property.

Signature of Garden Representative

Signature of Group Representative

Date: _____