



Rosebud & Treasure Counties

MSU EXTENSION COMMUNITY GARDEN-FORSYTH

The Forsyth Community Garden is a sponsored project of the MSU Extension Service for Rosebud and Treasure Counties. Therefore, MSU Extension Agent(s) are responsible for developing, managing and implementing the garden. All guidelines and fees are set at the Agent(s) discretion.

The initial vision of the garden was to create a community space where individuals, who otherwise may not have the opportunity to garden and grow food, could gather and do so with limited resources. We welcome as many as possible to participate in the garden. With it being a “community” we do have guidelines and expectations, as we want all to be able to have a positive, successful experience. Please read through the garden expectations and agree to follow these. The use of the land, water and equipment is a privilege. If guidelines/expectations can't be followed, individuals risk losing garden privileges.

COMMUNITY GARDEN EXPECTATIONS:

- A release form and payment must be received in the MSU Extension Office before any plots will be assigned. Garden plots will be made available to the public April 15th, on a first come, first serve basis (which means forms completed and payment made). The Extension Office will not “reserve” or hold spots for past participants.
- Garden plots will be tilled prior to start of the season, unless otherwise noted with payment/registration. Each gardener is responsible for the maintenance and upkeep of their own garden plot including watering, weeding and harvesting.
- Gardeners and their guests will not water, weed, harvest, use any tools/equipment or in any way trespass on another gardener's plot, unless asked to do so by that gardener.
- Children (under 18) must be accompanied by an adult at all times.
- Pets are not allowed in the Community Garden.
- Plants that creep/wander must be contained within the boundaries of that gardener's plot.
- Gardeners will be provided the combination to the gate locks. Gates must be kept locked at all times when not in use.
- Unattended plots, for more than three weeks, will be tilled in. Refunds will not be given.
- Individual application of pesticide (herbicide/insecticide) to a garden plot is prohibited. Consult with the County Agent for further recommendations.
- Illegal plants and identified noxious weeds may not be planted in the garden.
- Smoking, drinking alcoholic beverages, or use of illegal drugs in the garden or the surrounding area is prohibited. Gardeners may not come to the garden while under the influence of alcohol or drugs. No weapons will be allowed in the garden or surrounding area.
- Gardeners are responsible for clearing their plot in the fall.

IF/WHEN ISSUES ARISE:

This is a community space, and with that in mind, please be respectful and do all you can to work together. If an issue arises, contact the MSU Extension Office immediately at 406.346.7320 during business hours. If the emergency involves medical assistance/law enforcement, dial 911.

If guidelines are abused, participants will receive a 1) a verbal warning, 2) a written warning and dismissal from the program.



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EXTENSION
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I have read and understand the Forsyth Community Garden Expectations. I accept these guidelines, terms and conditions stated for the participation in the Forsyth Community Garden.

I understand this is a program of the MSU Extension Service for Rosebud and Treasure Counties and agree that the MSU Extension Agent(s) will make the final decisions regarding the design, implementation, management and overall operation of the community garden.

I understand Rosebud County is not responsible for my actions. I therefore agree to hold harmless Rosebud County of any liability, damage, loss of claim that occurs in connection with the use of the Forsyth Community Garden by or any of my guests.

NAME _____
PLEASE PRINT

SIGNATURE _____ **DATE** _____

MAILING ADDRESS _____

PHONE _____

EMAIL _____

Check the size of garden plot you would prefer and indicate the number of plots wanted.

CHECK HERE	PLOT SIZE	COST EACH	QUANTITY/ TOTAL COST
	10'X15'	\$30	/
	20'X15'	\$35	/
	12'X4' RAISED BED	\$25	/
TOTAL DUE:			

**PLEASE RETURN THIS FORM
TO THE EXTENSION OFFICE.**

EXTENSION OFFICE: DATE PD _____ AMOUNT PD: _____ METHOD ___ CASH ___ CHECK# _____