



# LONDON GROVE TOWNSHIP

## Goddard Park Community Garden Maintenance and Rules

**Gate:** Gate must be kept locked at all times  
Combination is not to be shared outside of gardeners.

**Fee:** \$31.00 for residents and \$52.00 for non-residents, due at time of application. For churches and charitable organizations, the fee is waived.

**Bed Availability:** Rototilling will occur in early spring, usually around the beginning of April..

\*Assignment of beds will be open to London Grove Township **residents only** from **March 1<sup>st</sup> to March 31<sup>st</sup>**. Applications can be found on the London Grove Township Website.

\*Assignment of beds will be open to non-residents, including churches, Cub Scout/Boy Scout/Girl Scout troops beginning April 1.

\*Any box or ground plot that remains unassigned by April 30 will be given first come first serve. Remaining plots as of May 15 will be planted with pollinating flowers.

**\*Beginning January 1, 2024, previous gardeners (residents and non-residents) may request their same box/plot by filling out the application form and bringing it with payment to the Township Office. Only one box/plot per gardener at this time.**

**Maintenance:** \*Keep the garden organic-no chemicals or pesticides allowed.  
\*Keep your area neat and weed free.  
\*Plants must be contained inside the box or plot. If plants are being allowed to hang over or outside of the plot it may be mowed or weed whacked.  
\*No greenhouses, structures or power tools allowed.  
\*Use the compost area for organic waste material.  
\*If you go on vacation, please make arrangements with another gardener or friend to maintain your plot.  
\***If you have extra produce, please place it in one of the three tan baskets that will be left outside of the shed for that purpose. This food will be donated to local food pantries in our area.**  
\*Please supervise children and pets.

**November 1<sup>st</sup> is the end of the season. Please have your garden cleared out by this date.**

**Enforcement:** Failure to adherence of rules may result in loss of privileges.

**London Grove Township is not responsible for any damages or loss.**  
Any questions/comments should be sent to [gardens@londongrove.org](mailto:gardens@londongrove.org)

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## Goddard Park Community Garden Application for Garden Beds

Name or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Date: \_\_\_\_\_  
Resident  Yes  No Non-Resident  Yes  No

If beds are to be shared, secondary gardeners' information is required.

Name or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Would you prefer a tall raised bed?  Yes  No (These 12 beds will be assigned on a first come basis.)

Is there anything you would like the Township to be aware of?

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If you have any questions or concerns, please email [gardens@londongrove.org](mailto:gardens@londongrove.org)

Submission of an application constitutes your agreement that you understand the maintenance and rules and will abide by them.

**Please have your application reviewed and approved by the Garden Liaison prior to bringing it into the London Grove Township office. Please return you're approved and signed application, acknowledgement waiver and fee to:**

**London Grove Township**  
**372 Rose Hill Road, Suite 100**  
**West Grove, PA 19390**

**Happy Planting!**



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## Community Garden Acknowledgement and Waiver

I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assigns hereby waive and release any and all rights and claims for damages I or my family may now or hereafter have against London Grove Township and its elected officials, appointees, employees, volunteers, and contractors for any and all damages or injuries which may be sustained by me or my family arising out of my voluntary participation in activities at or for London Grove Township's Community Garden. I assume all expenses in the event of an accident, illness or emergency.

The undersigned does hereby knowingly, voluntarily, and willingly execute this release as of this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Number

### For Official Use Only

In Witness Hereof:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

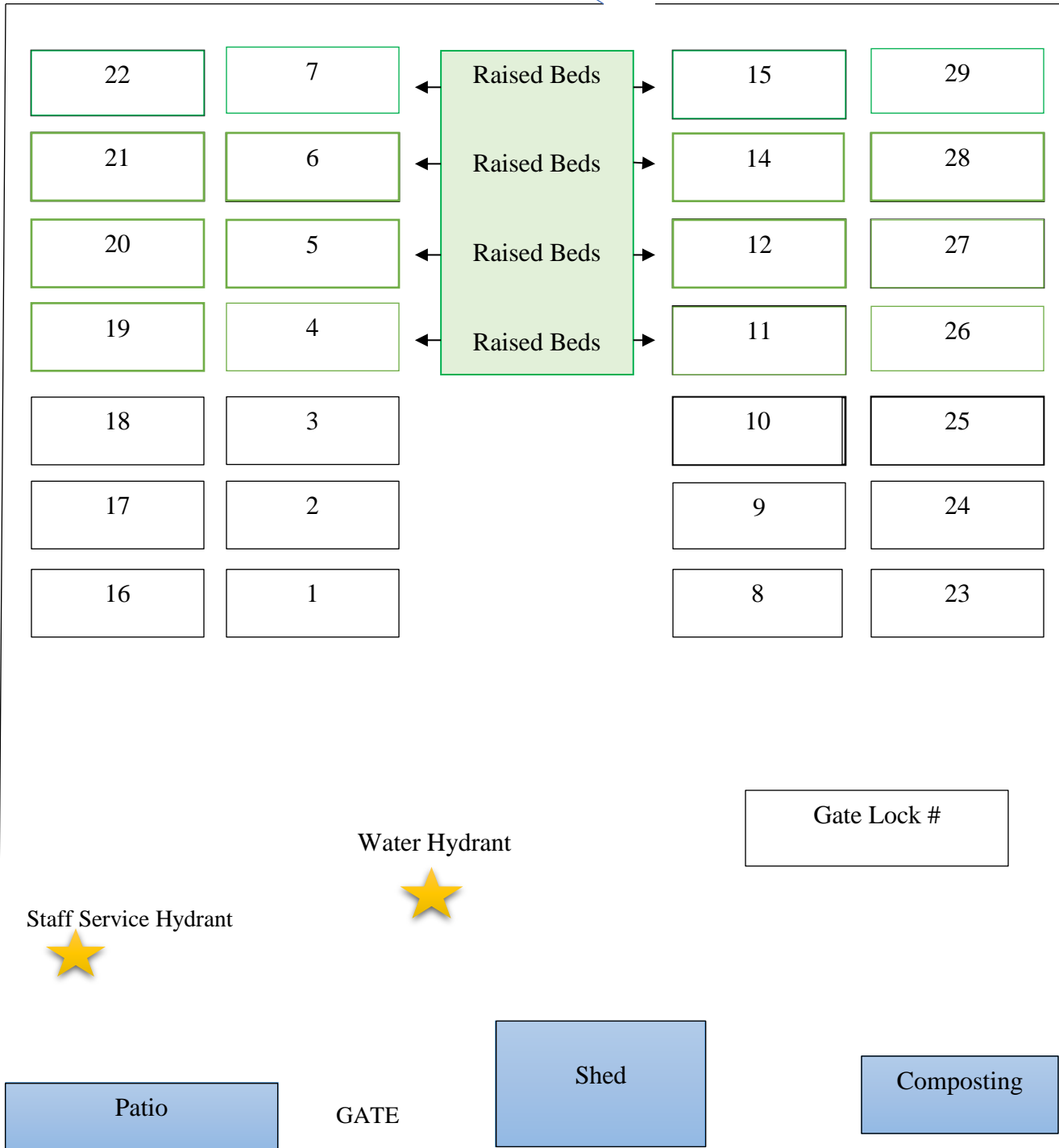
\_\_\_\_\_  
Garden Liaison



# LONDON GROVE TOWNSHIP

## Goddard Park Garden Beds Layout

Staff Service Gate



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