

COMMUNITY GARDEN REGISTRATION FORM

Program: Adopt-a-Garden

Registration Date: _____

**City of Doral
Parks & Recreation Department**



Doral Legacy Park
11400 NW 82nd St
305.341.3601 | doralparksinfo@cityofdoral.com

SECTION I. Organization/Group Name

Organization/Group Name

Located in Doral Located Outside of Doral

**Proof of Organization Residency Required*

SECTION II. General Information

Organization Address [_____] [_____] [_____]
Street City Zip Code

Phone [_____ - _____] Fax [_____ - _____] Other [_____ - _____]

E-mail [_____] Years in Existence [_____] # of Proposed Participants [_____]

SECTION III. Proposed Plants

Provide a list of plants that would be planted in the garden

SECTION IV. Organization/Group Coordinator

Coordinator [_____] Phone [_____ - _____]
First Name Last Name

SECTION V. Participating Adults

[_____] Phone [_____ - _____]
First Name Last Name

[_____] Phone [_____ - _____]
First Name Last Name

[_____] Phone [_____ - _____]
First Name Last Name

[_____] Phone [_____ - _____]
First Name Last Name

[_____] Phone [_____ - _____]
First Name Last Name

SECTION VI.

Attach your organizations supporting documentation and how you propose to use/manage the community garden.

Submit your application packets to: Sebastian.Aguas@cityofdoral.com