Master Gardener Edible Garden Tour

----- showcase creative landscapes and edible gardens -----

August 19th and 20th, 9am to 3pm

Registration Form

Registration Deadline is 7/28/17

Name		
Address		
City	State	Zip
Home Phone	Cell/Work Phone	
E-mail Address		
Handicap Accessible?		
Υ	'es No	
Mark your calendar for t	he following days and times:	
Saturday, August 19 –	9am-3pm	
Sunday, August 20 – 9a		
Please sign below to veri	fy that you have current homeo	wner's insurance.
X		
Date / /		

*Please return completed form by email, mail, fax, or hand delivery to:

Pawl Hollis Rail City Garden Center 1720 Brierley Way Sparks, NV 89434 Phone: 775.355.1551

Fax: 775.355.8659 cindi@railcitygarden.net pawl@railcitygarden.net

Vegetable Garden Information

Purpose of my vegetable garden:		
Elevati	on of the garden:	Orientation: (North, South, East, West):
Type o	f soil:	
Soil Pre	eparation (including months/year	s conditioning soil):
My dec	cision about incorporating either v	vegetable boxes, straw bales, or in ground growing:
What I		
Succes	ses or Failures in growing vegetab	oles/fruit/berries:
What I	ve learned from growing vegetab	oles/fruits/berries:

Thank you for your support in this event!

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