## Orange Garden Tour

## 2024 APPLICATION

## **Application information**

Full name:					Date:
Las	st	First		M.I.	
Address:					Phone:
	Street address			Apt/Unit #	
					Email:
	City		State	Zip Code	
Will you have an intact homeowners' insurance coverage during the date of the tour?		Yes □	No □	The	ese are informative questions not requirements
ls your home ADA accessible to the garden?		Yes □	No □		
Do you have enough curb space to accommodate up to 20 people?		Yes □	No □		
Do you have an accessible restroom you are willing to open to the public?		Yes □	No □		
Garden Style				Notew	orthy Garden Items
			Is the	ere anything s ou interested	pecific that is unique about your garden? in sharing your front, back or both gardens?
Edible Garden	Yes □				
Formal Garden	Yes □				
Historically Representative	Yes □				
Native Garden	Yes □				
Sustainable Garden	Yes □				
Other	Yes □				
Signature					
Signature:					Date: