***Campus Garden Plot Application, Bemidji State University,*** *2023 Season*

On the Corner of Birch Lane & 16th Street

First Name Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* a $5 deposit will be required for each plot and will be returned at the end of the season if your plot is maintained during the season and cleared by October 15th. We will check plots once a month to ensure they are being maintained and kept free of weeds.*

I am a: BSU Student ($5/plot + $5 weeding deposit\* = $10 total)

 BSU Faculty/Staff ($10/plot + $5 weeding deposit\* = $15 total)

\_\_\_\_\_\_\_\_ Community Member ($10/plot + $5 weeding deposit\* = $15 total)

Plot Number: First Choice *(See Garden Map on back side)*

 Second Choice\_\_\_\_\_\_\_\_\_\_\_ Third Choice\_\_\_\_\_\_\_\_\_\_\_

*(Plots will be filled on a first-come, first-served basis.)*

Because I rent a portion of the Campus Garden for my personal use, I understand the following:

* I will not use any herbicides, pesticides, or non-organic fertilizers.
* I will be responsible for maintaining my plot by weeding and harvesting.
* I will limit water use and never leave a sprinkler unattended.
* I will not disturb any portion of the garden by moving plot stakes or by removing weeds/harvest from any other plot.
* I will not allow vines or crops to spread outside my plot.
* I will not allow pets, motor vehicles or tobacco products/alcohol in the garden.
* I will supervise my children and keep them out of neighboring plots.
* I will clean up and remove all materials from my plot no later than October 16th

**I understand that failure to abide by these rules will result in the loss of my plot and weeding deposit.**

Bemidji State University does not assume responsibility for acts of vandalism or loss of crops due to theft.

I give permission to Bemidji State University to use my photograph and/or my child’s for promotional purposes.

Applicant Signature Date

Make checks payable to “*BSU Acct: 339550*” and mail to:If you do not print a hardcopy of this form for completion,

 **Bemidji State University** you may complete it digitally and send via e-mail to:

**Box #5 Cashier’s Office Attn: Leslie Bellig** jordan.lutz@bemidjistate.edu

 **1500 Birchmont Dr. NE**

 **Bemidji, MN 56601** To pay by credit card over the phone, call BSU’s Cashier’s Office: **218-755-2045**

For further questions and information, call 218-755-2979 or email Jordan.lutz@bemidjistate.edu

*----------------------------------------------------Bottom section for Sustainability Office personnel-----------------------------------------------------*

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Sustainability Office Official Signature Date

\_\_\_\_\_ paid for plot \_\_\_\_ paid for weeding deposit or \_\_\_\_\_deposit carried over from 2022

Plot 1: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ weed check June 26 \_\_\_\_\_emailed to confirm plot choice

Plot 2: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ weed check July 31

 \_\_\_\_ weed check August 28

 \_\_\_\_ final clean-up check October 16

 \_\_\_\_ deposit returned or \_\_\_\_\_deposit forwarded to Summer 2024

***BIRCH LANE***



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Glas Scholars House – (water source)

East Gate

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| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 | 3 | 4 |
| 1a | 2a | 3a | 4a |
| 1b | 2b | 3b | 4b |
| 1c | 2c | 3c | 4c |
| 1d | 2d | 3d | 4d |
| 1e | 2e | 3e | 4e |
| 1f | 2f | 3f | 4f |
|  |

West Gate