

Dillon County Health Initiative Growing Good Health Gardener Application

Fall 2019

PLEASE FILL OUT ALL QUESTIONS AND PRINT CLEARLY. Please indicate both street and mailing address if they are not the same. Please indicate your city and zip code. A VALID phone number* or email address is required.

*If you provide a number that blocks unknown callers, we will NOT be able to contact you regarding plant distribution.

Date: _____

1. Name: _____

2. Street Address: _____
Street City State Zip

3. Mailing Address (if different than above): _____
Street/Box # City State Zip

4. Email address: _____

5. Phone Number: _____
*If you provide a number that blocks unknown callers, we will NOT be able to contact you regarding plant distribution.

6. How did you hear about this program? (Circle All That Apply)

Newspaper Social Media Local Flyer DCHI Staff Member RALI Board Member
Email Church Announcement Other: _____

7. Have you participated in any of our past Growing Good Health programs?

No – This is my first time Yes – Spring 2019 Yes – Fall 2018

8. Have you previously received a FREE-soil test? (Please circle only ONE response)

Yes, I've had one No, I'm growing containers
No, I would like to get one this year No, I do not need a soil test

9. How long have you been growing vegetables? (Please circle only ONE response)

First Time Less Than 1 Year 2-5 Years
6-10 Years 11-24 Years Over 25 Years

10. Where do you prefer to pick-up the FREE plants and seeds? (Each location will have its own pickup date)

Dillon Lake View Latta

By submitting this application, you are confirming your consent to be contacted by RALI/DCHI for program related reasons.

Please return applications to: 200 S 5th Ave B, Dillon, SC 29536

DEADLINE: August 31st

FOR OFFICE USE ONLY

Sample Submitted in 2019? YES NO

Date Sample Submitted: _____ Testing Batch: _____

Results Received: _____ Preferred Pickup Location: _____