

# Dillon County Health Initiative Growing Good Health Gardener Application

## FALL 2020

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 2020 Yes – Fall 2019

8. 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

### IMPORTANT NOTICES:

- All plants must be picked up from the Gibson Building, 200 S 5th Ave B, Dillon, SC 29536.
- Soil samples will **not** be available for this distribution.
- Paper application must be mailed in due to office closures.

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

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

**POSTMARK BY: AUGUST 14TH**

### FOR OFFICE USE ONLY

Sample Submitted in 2019? YES NO

Date Sample Submitted: \_\_\_\_\_ Testing Batch: \_\_\_\_\_

Results Received: \_\_\_\_\_ Preferred Pickup Location: \_\_\_\_\_