

Dillon County Health Initiative Growing Good Health Gardener Application

SPRING 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 – I have participated before

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: MARCH 5TH