Dear Gardener:

Thank you for your interest in the 2022 Latrobe Community Vegetable Garden Project sponsored by the Latrobe Community Revitalization Program (LCRP). We are very grateful to John Wandrisco, Ed Sparber and Mike Sherback and all other volunteers of the Latrobe Community Vegetable Garden Team for helping make this undertaking possible each year. If you have further questions, please contact Mike Sherback at 724-537-4675.

- There are two established Latrobe Community Vegetable Garden sites located at the corner of Irving Avenue and Catherine Streets (near Legion Keener Park); and Latrobe American Legion (a parcel of their Ligonier Street property). Available are 35 gardening plots (measuring approximately 120 square feet each) for rent at a cost of $20.00 per plot to cover the cost of site preparation.

- **Preference with regard to early registration will be given to those who rented a plot during the 2021 growing season. You have until March 31st, 2022 to reserve your space.**

THE FINAL DEADLINE TO REGISTER IS FRIDAY, APRIL 15th, 2022.

- Plots will be tilled, fertilized, numbered and ready for you to plant by opening day, Monday, May 2nd, 2022. If weather prevents this we will notify you. **You are responsible to weed your garden at least once every 10 days.**

- If for whatever reason you cannot keep up with your garden (family, health/related reason), please contact our office (or the Union Mission of Latrobe at 724-539-3550) to make arrangements for your vegetables to be given to those in need.

- Water will be provided at the site. This is not potable water and **should not** be used for drinking. Barrels for weeds and stones will be provided on site.

- Minors under the age of 18 must be sponsored and accompanied by an adult.

- **No pets are permitted in the gardens**.

- Please be friendly and patient... Enjoy your fellow gardeners!

- If the water is running low or needs refilled, please do not hesitate to call Mike Sherback at 724-537-4675 and he will make arrangements ASAP for our watering staff to refill.

- Grow only vegetables at this site for personal consumption.

- If you do not have insurance or have difficulty producing your certificate for any reason the proof of insurance will be waived by providing an additional $10 payment for the 2022 season. For those that do, please provide proof that your homeowners or tenants' insurance policy extends to provide liability coverage for you on this community garden site. This verification should accompany your application form.

- Clean your assigned plot at the end of the season no later than the first weekend in October.

Thank you for your help. A more sustainable Latrobe is central to our mission and is important for all of us - you are playing a critical role in making that a reality!

lcrp
Latrobe Community Revitalization Program

Jarod Trunzo
Executive Director

APRIL 15th Deadline!

LATROBE COMMUNITY VEGETABLE GARDEN PROJECT – 2022

Please make your $20.00 check (or $30.00 if no insurance) payable to: **LCRP**
Make a note on the memo line of your check: Community Vegetable Garden Project

(PLEASE PRINT)

Name of participant: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Phone #: ( ) _____ E-mail: _____

Insurance Co. Name_____ Policy #:_____ Expiration Date: _____

Desired location: _____

Please mail your completed application form, along with your payment and proof of insurance to:

Latrobe Community Revitalization Program
Attn: Vegetable Garden Project
P.O. Box 920
Latrobe, PA 15650

I hereby request permission to participate in the Latrobe Community Vegetable Garden Project and understand that the Latrobe Community Revitalization Program (hereafter LCRP) does not guarantee garden productivity. The LCRP, its employees, volunteers and partner agencies/entities accept no liability for garden damage or pilferage by vandals, either animal or human. By signing this form, I hold harmless the LCRP, its officers, Director, organization and any related partner or volunteer associated in any manor with this project for any reason directly or indirectly.

_____ _____
Signature of Participant Signature of Parent or Guardian (if minor)

_____ _____
Date Date

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WWW.LATROBEREVITALIZATION.ORG