



Garden Walk Owner Information

Date: _____

Name: _____

Home Address: _____
(Please include zip code)

Phone: _____ E-Mail: _____

Name(s) as you wish it to appear on the Garden Walk Ticket:

How would you describe your garden?

Shady Semi-Shady Sunny Fenced Terraced Path/Steps

Water Feature Arbor Lighting Decks/Patio Raised Beds

Gazebo Walls Green Portico Container Gardens Formal

Informal Native Plants Outdoor Rooms Rock Garden Pergola

Please write a brief description of your garden to be used on the Garden Walk ticket. Please include the age of your garden, type of garden, plants, unique features, etc.:

When would be the best time for you to meet the other garden owners and the Garden Walk Committee?

Day of Week (please circle one): Tuesday Wednesday Thursday

What time is best for you: Afternoon Early Evening

Are you a permanent resident: Yes No

If not, which months are you not available: _____

Thank you for your time in filling out this information. Please return by **October 15, 2017** in the enclosed envelope.

THANK YOU!