



DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES

Hashim Taylor
Director

2900-A Business Center Drive
Alexandria, Virginia 22314

Phone: (703)746-5428
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2026 COMMUNITY GARDEN APPLICATION

Please indicate your residency status:

I am a legal resident of the City of Alexandria ☐

I am **not** a legal resident of the City of Alexandria ☐

APPLICANT NAME _____

(One applicant name only)

RESIDENCE ADDRESS: _____

(No P.O. Boxes)

CITY _____ STATE _____ ZIP _____

PHONE (Preferred) _____

EMAIL _____

(required). Failure to provide an email address is considered an incomplete application and will be rejected.

By submitting this application, I agree to share my email and phone number with the Volunteer Advisory Board for the purpose of distributing information regarding the operation of the Community Gardens or events that may be planned. **Computer access and email are required in order to apply for a garden plot. You must also be able to open files in Microsoft Word or Acrobat PDF format.**

Please indicate if you are re-applying or if you are applying for the first time:

I am re-applying (I was assigned a plot last year) ☐

Plot# (if known) _____ I am applying for a plot for the first time ☐

Half Plot (approx. 150 sq. ft) (only available at Chinquapin) ☐ Full plot (approx. 300 sq. ft) ☐

Gardens Chinquapin Organic Garden ☐ Holmes Run Community Gardens ☐

Rental Fees (Volunteer Opt In):	Resident Full Plot	\$60.00	Nonresident Full Plot	\$120.00
	Resident Half Plot	\$30.00	Nonresident Half Plot	\$ 60.00

Rental Fees (Volunteer Opt Out):	Resident Full Plot	\$120.00	Nonresident Full Plot	\$240.00
	Resident Half Plot	\$ 60.00	Nonresident Half Plot	\$120.00

Do not send payment with your application. If the application is accepted, you will be invoiced for the amount due with instructions as to how to pay.



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Community Garden Volunteer Requirement:

The Community Garden Regulations Agreement states that each gardener is required to perform mandatory volunteer hours each season in order to sustain the lower rental fees. Gardeners may opt out of the volunteer requirement but will be required to pay the higher rental fee. Please see the fee schedule above for more information.

Chinquapin Organic Gardens **4 volunteer hours per season**
Holmes Run Community Gardens **5 volunteer hours per season**

Do you wish to opt out of the volunteer requirement? Opt-Out Yes ☐ Opt Out No ☐

Do you wish to serve as a Volunteer Garden Monitor Monitor Yes ☐ Monitor No ☐

Responsibility:

Assignment of each garden plot will be made to the person who fills out and signs the application form, and who provides payment in the same name. Any gardener who is unable to maintain the assigned plot throughout the gardening season in accordance with the current rules and regulations may request assistance from another gardener. However, the responsibility for the plot remains with the person to whom it is assigned. Any plot that is not maintained in accordance with the regulations may be re-assigned by the City without reimbursement.

I acknowledge I have read the [Community Garden Plot Regulations](#), after my application has been accepted, and I agree to abide by all of the current rules and guidelines if I am awarded a seasonal garden plot permit. Additionally, I have reviewed my application carefully to ensure that it is filled out completely and accurately; I understand that incomplete applications or erroneous information will cause my application to be denied. I also understand that the gardening season runs from March 1 through November 30 each year.

SIGNATURE _____

DATE _____

(Emailing your application is your electronic signature)



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Hold Harmless Agreement:

In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting gardening and other programs and allowing the gardener to participate in such programs, the undersigned realizing the risk of injury attendant to such programs, to the extent permitted by law, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks and Cultural Activities and its officers, agents, and employees from any and all action, claims or liability resulting from or arising out of or based upon and bodily injury or property damage which may be sustained by the undersigned or the undersigned's child while participating in such programs.

SIGNATURE _____

DATE _____

(Emailing your application is your electronic signature)

Return this completed form to the City Representative (Department of Recreation, Parks and Cultural Activities), by mail, email or in person at the address below:

Dept. of Recreation, Parks and Cultural Activities
Administrative Support Services
2900-A Business Center Drive
Alexandria, VA 22314
Office: 703.746.5496

Email: RPCAgardens@alexandriava.gov

***Gardening without a permit may be considered trespassing.**