



# Open Gardens 2018

**Owner Name(s)**

**Owner Address**

**Postcode**

<b>Telephone</b>	<b>Mobile</b>	<b>Email</b>
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**Garden/Event**  
(If different from above)

<b>Open Day/Date</b> (Please provide alternative opening dates if possible )	<b>Opening Time</b>	
	<b>Closing Time</b>	

**Brief Garden Summary - Key Features (Approx. 30 Words)**

<b>Adult Entry Suggested Donation</b> (Min £3)		<b>Children (Under 16's Free of Charge)</b> (Y/N)
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**Identified Possible Risks/Hazards (i.e. Ponds/Steps/Slope)**

**Symbols as required to appear in publicity (Please tick white box)**

<b>No Dogs</b>	<input type="checkbox"/>	<b>Toilets</b>	<input type="checkbox"/>	<b>Refreshments</b>	<input type="checkbox"/>	<b>Plant Sale</b>	<input type="checkbox"/>
<b>LLH Merchandise</b>	<input type="checkbox"/>	<b>Disabled Access</b>	<input type="checkbox"/>	<b>No Children</b>	<input type="checkbox"/>	<b>Ice Cream</b>	<input type="checkbox"/>

I have read and agree with the attached terms and conditions for the Open Garden Scheme.

**SIGNED:** ..... **DATE:** .....

Please return Open Garden registration form by 31<sup>st</sup> January 2018

Registered with FUNDRAISING REGULATOR

For further information call Fundraising 01724 270835 ex 234 or email: [ruthtuxford@nhs.net](mailto:ruthtuxford@nhs.net)