

# Dillon County Health Initiative Growing Good Health Gardener Application

## SPRING 2024

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

### IMPORTANT NOTICES:

- All plants must be picked up from the Gibson Building, 200 S 5th Ave B, Dillon, SC 29536.
- Soil samples may be purchased with Clemson Extension Service
- Mailing preferred, however you can drop your application off. See address above or below.
- ONLY ONE application per recipient. Please be respectful of others. Excess applications will be deleted.

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 29, 2024