

Russell Junior Gardeners

Child Name:		Birthdate:	
Child Name:		Birthdate:	
Child Name:		Birthdate:	
Child Name:		Birthdate:	
Parent/Guardian Name:			
Address:			
Street	City/Town	Prov.	Postal Code
Email:			
Home Phone:	Work Phone:	Cell Phone:	

Emergency Contact Name:			
Relationship to Child:			
Home Phone:	Work Phone:	Cell Phone:	

Do your children have any allergies? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:			
Food Allergy	Life Threatening?	Other Allergy (insects/environmental, etc.)	Life-Threatening?
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Do your children have any dietary or food restrictions?

No Yes If yes, please explain:



The cost is \$10 per child.

Please return the form to Juliekeravel@gmail.com by April 30th, 2026. Payment may be made directly to the Russell District Horticultural Society at russellgardeners@gmail.com.

Happy Gardening, the Junior Gardeners Team