Entry Form



| Name of gardener: | |
|--|------|
| Group name (if applicable): | |
| Contact phone: Mobile: | |
| Email: | |
| Garden street address: | |
| Suburb: Postcode: | |
| Postal address (If different to garden address): | |
| | |
| The garden is located in the Waitai Coastal-Burwood-Linwood Community Board area | |
| If you are nominating someone else's garden, please give your details below: Nominator's name: Nominator's phone number: Nominator's email: I have the permission of the garden owner | |
| Category (please tick one) Residential house School or Early Learning Centre Residential unit Community or business | |
| Please tell us a little bit about your garden: | |
| | |
| I'd prefer a garden visit: Weekday Weekend Morning Afternoon | |
| Are you a beginner edible gardener? Yes No – I've previously grown an edible gar | den. |
| Completed entry forms can be: Dropped in to: Tim Samsom – Shirley Customer Service Hub and Library, 36 Marshland Road Or posted to: Tim Samson Edible Garden Awards, PO Box 73023, Christchurch 8054 | |

For more information phone 941 8999 or visit:

Or scanned and emailed to: Timothy.Samson@ccc.govt.nz

ccc.govt.nz/ediblegardens



Enter by 12 January 2026

