



2025 GARDEN AWARD NOMINATION FORM

Owner/Business Name: _____

Contact email: _____

Contact Phone: _____

Address: _____

Property Type: Residential Commercial

Garden Details: New Established

(Check all that apply)

Pocket Garden Pollinator Garden

Sun Shade Flowers Vegetables

Seasons of Interest: Spring Summer Fall Winter

What would you like us to know about this garden?

Nominated By: _____

(Optional)

Please include as much detail as you can on the nominated property.

Responses can be sent to Ginelle Harbeson at gharbeson@gmail.com