



Garden Coach Program

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Thank you for choosing Gateway Garden Center as your resource for plant knowledge. The more information we are provided the better able we are to help with your gardening needs. This form can be returned in person, by email, or fax.

Please provide the following information:

Name: _____ Email: _____
Phone: _____ Development: _____
Address: _____ Referred by: _____

Please review this list and check all that apply pertaining to your landscape and what you would like to discuss during your garden coach appointment:

- Deer problems
- Rabbit problems
- Creating a new garden or bed
- Renovating an existing garden
- Wet areas
- Dry areas
- Other: _____
- Full sun areas
- Full shade areas
- Part sun/shade areas
- Planting on slopes or hills
- General plant care and maintenance
- Plants for wildlife
- Edible gardens
- Native plants
- Aquatic plants
- Plants for pollinators

Please provide us with general days and times that work well for you:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Are there any specific dates that work well for you? _____

For Gateway Office Use:

Date Received: ___/___/___ Coach received: _____

Appointment Date: ___/___/___ Client Keytag # : _____