On-Site Garden INFORMATION SHEET
(Complete a copy of this form for each flower/vegetable garden, and present to judge.)

Name ___________________________ Address ___________________________

Club/Chapter _________________________ Vegetable ________ Flower ________

Describe your current fertility programming including soil test results, amount, analysis, how and when applied.

List all work which you have actually done with your gardening project.

Describe weed control measures.

Describe insect control measures.

Describe disease prevention measures.

Describe your plans for using your flowers or produce (i.e. flower bouquets, fruits and vegetables for table use or preserving).

Describe any other factors including weather which have affected your garden.