

OSWEGO COUNTY OUTDOOR 4-H FLOWER GARDEN PROJECT RECORD SHEET

My Flower Garden Record for _____ (year)

Name _____ Age _____ Club _____

Address _____

Yrs. in Club Work _____ Yrs. in 4-H Flower Gardening _____

Leader (or parent)

Signature _____

PROJECT REQUIREMENTS

1. Grow at least 5 different flowers, regardless of type, starting indoors or outdoors or purchased plants.
2. Have at least three (plants) of each type of flowering plant.
3. Fill in this record sheet. Attach a plan and/or pictures for a complete record.
4. Give a brief description of your garden purpose, location (ie. walk edge) and growing conditions (ie. shade, sun). Did you use mulch? If so, what kind?

FLOWER GARDEN MAP

(DRAW IN HOUSE, WALK, PATIOS, ETC. THAT FLOWERS MAY BE PLANTED AROUND.)

NORTH

SOUTH

FLOWERS EXHIBITED	WHERE EXHIBITED?	AWARD Excellent-blue Good-red Worthy-white

RECORD SUMMARY

Cost

Value of seeds planted \$ _____
 Value of plants \$ _____
 Fertilizer \$ _____
 Tools (if any purchased
 this year) \$ _____
 Other \$ _____

 TOTAL \$ _____

This Project

How much time I spent _____

 Was very worthwhile _____

 Taught me many things _____

 Will be continued _____
