This sheet must be completed if entering Division I-B Herb Gardening

Herb Growing Information Sheet

Planting Sheet

Name of Plant	Date Planted	Annaul or Biennial or Perennial

1. How did you use your herbs? _____

   _____

2. What insects, diseases, and pests did you find? How were they controlled? _____

   _____

3. What special treatments or fertilizers did you use? _____

   _____

4. Which experiences were most interesting in this project? _____

   _____

3/2010, LC 6/2013