**WASHINGTON COUNTY**

**4-H FLOWER GARDEN PROJECT SHEET**

| **Year** |  | **to** |  |
| --- | --- | --- | --- |



| Name |  | Grade |  | Years in Project |  |
| --- | --- | --- | --- | --- | --- |

| Are you a Youth Leader in this Project |  | ❑ | Yes |  | ❑ | No |
| --- | --- | --- | --- | --- | --- | --- |

| Explain why you are taking this Project and what you hope to learn/accomplish this year (your goal) |
| --- |
|  |
|  |
|  |

| Purpose of flower garden |  |  | Family Use |  |  | For Market |  |  | Both |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| Did you start plants indoors? |  |  | Yes |  |  | No |  | Did you use fertilizer or insect control? |  |  | Yes |  |  | No |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| If yes, what did you use? |  |
| --- | --- |
|  | |

**FINANCIAL SUMMARY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total income from Project (if product was for used for market) | | | |  | $ |  |
|  | + Premiums |  | | | $ |  |
|  | Total Income | | | | $ |  |
| Total Project expenses (seeds, plants, dust, spray, etc. | | |  | | $ |  |
| Net Profit or Loss from Project (difference between (A) and (B) | | | |  | $ |  |

**MY FLOWER GARDEN PLAN:** Make a drawing or diagram of your garden on another sheet to show the shape and size of your flower garden. Write the kinds of flowers grown in each row or area.

**FLOWER GARDEN RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| Flower Planted | Variety | Date Planted | Time of Flowering |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(over)

**PROJECT MEETINGS**

| Did you have a Club Project Leader? | | ❒ | Yes | | ❒ | No | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Project meetings held? |  |  | | Number I attended | | |  | |

| Did you have a County Project Leader? | ❒ | | | Yes | | ❒ | No |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of County Project meetings held | |  |  | | Number I attended | | | |  |

| Was the project self-guided? | (Member worked independently without a project leader) | ❒ | Yes | ❒ | No |
| --- | --- | --- | --- | --- | --- |

**PROJECT TALKS AND DEMONSTRATIONS YOU HAVE GIVEN**

| **Date** | **space** | **Title** | **space** | **Where** |
| --- | --- | --- | --- | --- |
|  | **space** |  | **space** |  |
|  | **space** |  | **space** |  |
|  | **space** |  | **space** |  |

**OTHER ACTIVITIES AND EVENTS DONE IN THIS PROJECT**

**(Tours, Workshops, etc.)**

| **Date** | **space** | **Type of Event** | **space** | **Where** |
| --- | --- | --- | --- | --- |
|  | **space** |  | **space** |  |
|  | **space** |  | **space** |  |
|  | **space** |  | **space** |  |

|  |
| --- |
| **PROJECT EXHIBITS**  **\*Must have exhibited at county fair to be eligible for County Award** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** |  | **Where** |  | **Placing/Award** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\*Add pictures and/or news articles specifically related to this project following this form to illustrate what you did in the project this year. \*If additional space is needed, please add another sheet.**

**4-H Flower Gardening Experiences: You must include the following:**

* Did you meet your goal? WHY OR WHY NOT?
* How will you use what you learned this year?
* What was your favorite part of this project?
* What problems or challenges did you have? How did you solve them?
* Explain your leadership and/or teaching responsibilities in this project. If none, write “not applicable