

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

Herb Growing Information Sheet

Planting Sheet

| Name of Plant | Date Planted | Annual or Biennial or Perennial |
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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? _____
