

# Langlade County Horticulture Project

**Flowers\*House Plants\*Terrariums\*Plant & Soil\*Field Crops\*Vegetables\*Fruits**

Name \_\_\_\_\_

Year in This Project Including This Year \_\_\_\_\_

Project (example – flowers, vegetable garden) \_\_\_\_\_

Things I Want to Learn \_\_\_\_\_

\_\_\_\_\_

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## The Story of Your Project

**Write a report of your experiences with your project. You may want to keep a few notes On things when they happen. Tell of any unusual experiences, difficulties, and pleasures You had in completing your project.**

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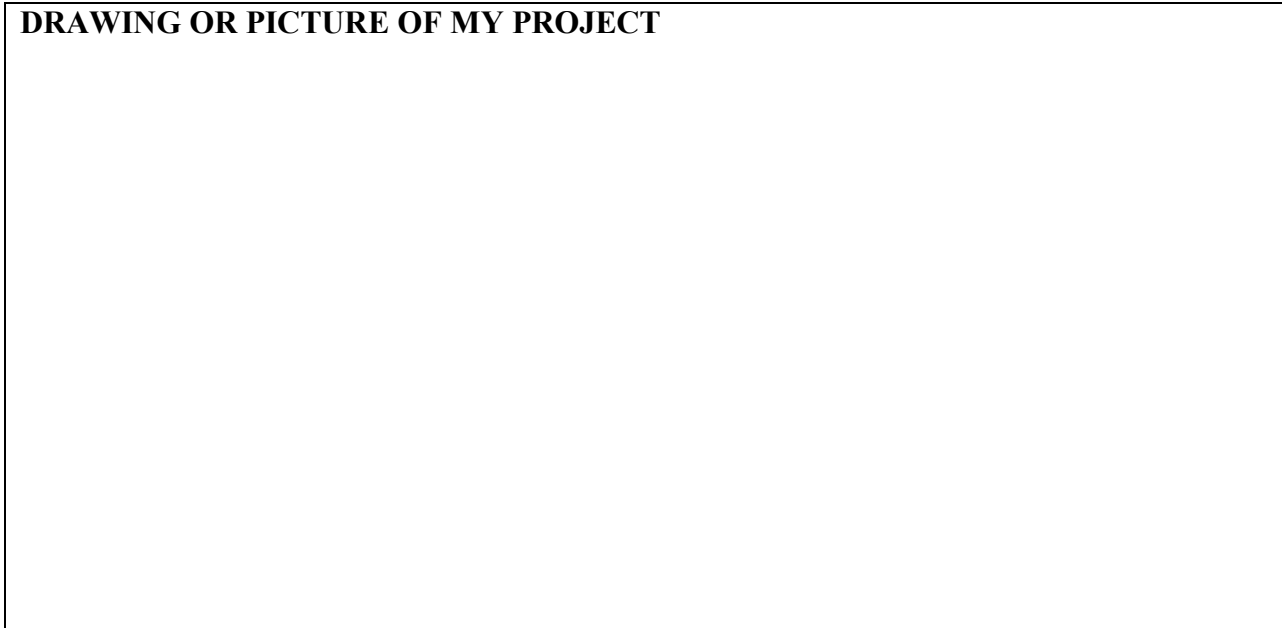
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**DRAWING OR PICTURE OF MY PROJECT**



**Skills Learned** – check those that you’ve learned this year

1. Working soil by hand			12. Transplanting	
2. Improving soil			13. Watering	
3. Making own growing mix			14. Weed control	
4. Fertilizer use			15. Pest control	
5. Proper planting			16. Raising annuals	
6. Starting with seed			17. Raising biennials	
7. Starting with plants			18. Raising perennials	
8. Planting bulbs			19. Selecting for exhibit	
9. Thinning			20. Making arrangements	
10. Dividing plants			21. Selecting for market	
11. Selecting for home			22. Other	

**Ways You Received Help This Year Include:**

(check all that apply)

	<b>Describe or Explain</b>
<input type="checkbox"/> Attended project training offered in county	_____
<input type="checkbox"/> Attended project training offered at district or state level	_____
<input type="checkbox"/> Guidance from a 4-H project leader	_____
<input type="checkbox"/> Guidance from a parent	_____
<input type="checkbox"/> Reading and use of literature, books, audiovisual resources	_____
<input type="checkbox"/> Guest presenters	_____
<input type="checkbox"/> Help from friends/other youth	_____

