2016 4-H Small Garden Project – Group

Completed forms and deposit (cash or check to CUCES) for Small Garden Project due Friday, April 1.

Group Name: ____________________________________________________________

Group Contact: __________________________________________________________

Physical Address (where garden will be located): ____________________________

Mailing Address (if different from physical address): _________________________

City: State: Zip: _________________________________________________________ County: __________________

Email Address: _________________________________________________________

Daytime Phone: ______________________________  Evening Phone: ______________________________

Total Number of Participants in Group: __________

Total Number of Participants in Each Grade:

K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____

Total Number of Participants of Each Race/Gender:

W/M _____  W/F _____  B/M _____  B/F _____  H/M _____  H/F _____  O/M _____  O/F _____

Residency of Participants in Group:

Farm _____  Rural/Town (Under 10,000) _____  Town/City (10,000-50,000) _____  Suburb _____  City (over 50,000) _____

I agree to prepare plant, maintain, and harvest a small garden and complete the project record book as part of the 4-H Small Garden Project. I agree to pay the $10 project fee.

I completely understand and agree to abide by all of the conditions and terms stated in the project rules.

______________________________  ________________________
Signature of Contact   Date

______________________________  ________________________
County Extension Agent Name

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