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PLANT NAME: _____

VARIETY: _____ YEAR OF HARVEST: ____ QTY: ____

DESCRIPTION/NOTES/STORY: _____

GROWER'S NAME: _____

GARDEN LOCATION: _____



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WHEN TO PLANT: _____ DAYS TO MATURITY: _____

GUIDANCE FOR PLANTING: _____

GUIDANCE FOR SEED SAVING: _____

POLLINATION METHOD: _____

ORGANIC? __ YES __ NO

GMO? __ YES __ NO __ UNSURE



SCAN ME

Need some help? Visit our Seed Swap website for resources or contact us at librarian@greenlents.org

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