KLICKITAT COUNTY 4-H

HORTICULTURE PROJECT

Year in Project:

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| PROJECT COMMITMENT AND GOALS |
| **This is what I hope to do and learn this year**: |
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Read and Reviewed:

Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Project Expenses (What did you spend for seed, supplies, and equipment?)

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Items | Cost |  | Date | Items | Cost |
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| Total  |  |

INCOME (List income from sale of horticulture products including value of produce used at home.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Quantity of Product | Price | Income from product sold | Value of product used |  | Date | Quantity of Product | Price | Income from product sold | Value of product used |
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Total

Inventory

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item(Include equipment on hand) | Date Obtained | Cost |  | Item(Include equipment on hand) | DateObtained | Cost |
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Garden Notes

Tell about the things you do in your project. Write them down when you do them so you won’t forget. Tell what kinds of sprays, dusts, and fertilizers you use. If possible, name the insects, plant diseases and weeds that you controlled.

PROJECTPHOTOS

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PROJECT HIGHLIGHTS

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| **What I learned:** |
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| **Problems/challenges:** |
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| **Successes:** |
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| **What I would do differently next time:** |
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| **Ways that I shared what I learned this year:**(How you taught others or shared what you learned) |
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*WSU Klickitat Co. Extension, Nov. 2005*

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| PROJECT FINANCIAL SUMMARY |
| **BEGINNING VALUE** (Materials, supplies, equipment you had at the start of your project year.)**DATE:**       |
| Item | Amount | Value |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| TOTAL  |       |
| **ENDING VALUE** (Materials, supplies, equipment you had at the end of your project year.)**DATE:**       |
| Item | Amount | Value |
|       |       |       |
|       |       |       |
|       |       |       |
| TOTAL  |       |
| 1. Beginning Value Total  |       |
| 2. Total Cost  |       |
| 3. Income/Value  |       |
| 4. Ending Value Total  |       |
| 5. Total Income/Value |       |
| 6. Profit (loss) |       |
| 8. Total time spent on project Hrs. |