

Please fill out a form for your plants.

Plant Name: _____

Please Circle: Indoor/Houseplant Outdoor Seeds

TYPE: Bulb Annual Perennial Vegetable Tropical

SUN: Direct Partial Shade

WATER: Lots Medium Drought Tolerant

FLOWERS: Y N If yes, color? _____

FRUIT: Y N If yes, color & size _____

Final Size of Plant: _____

Comments about the plant:

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