

PLANT CLINIC SUMMARY



At the end of each plant clinic (Farmers Market and Independent), please fill out the following form within a week and send to Sue Kosinski (suekosinski@hotmail.com)

Clinic Name: _____

Date: _____ Weather Conditions: _____

Change Fund Amt
(EMG Funds only):

SEP Contacts:

Total Number of Contacts:

MGs Present (please list names): _____

GNN Books Sold: _____

Other Resources Sold: _____

Total Dollar amount taken in: _____

What do you need? equipment, resources, etc.: _____

What were the types of questions asked at this clinic?

Special Activities included:
