

# Supplementary Record Form VEGETABLE GARDENING RECORD



**Madera County 4-H** 

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NAME	AGE YEAR IN THIS PROJECT								
YEAR IN 4-	H NAME OF 4-H CLUB								
PROJECT	PROJECT MEETINGS: HELD ATTENDED								
DEMONST	RATIONS GIVEN (List date, subject and where given):								
-									
TALKS GIVI	EN PERTAINING TO THIS PROJECT (Date, subject, and where given)								
JUDGING P	ARTICIPATION (List date, what and where):								
FIELD TRIP	S TAKEN (List date, what and where):								

**Vegetables Planted** 

Type or Variety	Amount (Number of Plants, feet or rows)	Date Planted	Date Harvested

 Map of the Area											
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		:S			
MONTH	Weeding Fertilizing Spraying	Watering	Planting Harvesting	Other	TOTAL HOURS
June					
July					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					

Your labor can rarely be an exact measurement. Estimates should be made based on the average amount of time required to take care of your project and participate in the project's activity program.

Line 1..... 

Total Hours 
Rate Per Hour Labor Value 
RECORD OF EXHIBITS

Type or Variety	Fair or Show	Placing	Entry Fee	Premium
			\$	\$
Line 27	TOTALS		\$	\$

## **PRODUCTION**

		Quantity	7	Value		
Item (Vegetable)	Boxes	Pounds	Other Unit	Family Use	Sold	
				\$	\$	
Line 1TOTALS				\$	\$	

# **EQUIPMENT INVENTORY**

Supplies, Equipment and Buildings Owned

Quantity	Item	Beginning Inventory	Closing Inventory
Line 2T0	TALS	\$	\$

#### **EXPENSES**

Date	Item	Quantity	Price		Tota	1
			\$		\$	
Line 1	Line 1TOTAL EXPENSE					

# STATEMENT OF PROFIT OR LOSS

EXP	ENSE		
1.	Beginning Inventory - Supplies, equipment, buildings own	dg. 4, Line 2	\$
2.	Your Labor Cost	Pg. 3, Line 1	
3.	Entry Fees	Pg. 3, Line 2	
4.	Expenses	Pg. 5, Line 1	
5.	Total Expense		\$
INC	OME		
6.	Ending Inventory - Supplies, equipment, buildings owned	Pg. 4, Line 2	\$
7-	Production - Value for Family Use	Pg. 4, Line 1	
8.	Premium	Pg. 3, Line 2	
9-	Production - Sold	Pg. 4, Line 1	
10.	Total Income		\$

#### PROFIT OR LOSS

11.	Total Income for Project Line 10 Above	
12.	Total Expense Line 5 Above	
13.	Net Profit or Loss (Value of Your Management) Subtract Line 5 from Line 10	
14.	Your Net Cash Income (Value of your management plus your labor) Line 2 Plus Line 13	*

## **OPTIONAL**

## **PROJECT DIARY**

Record such items as rain storms, frost, high temperatures, diseases or pests identified or treated.

Date	Item	Amount