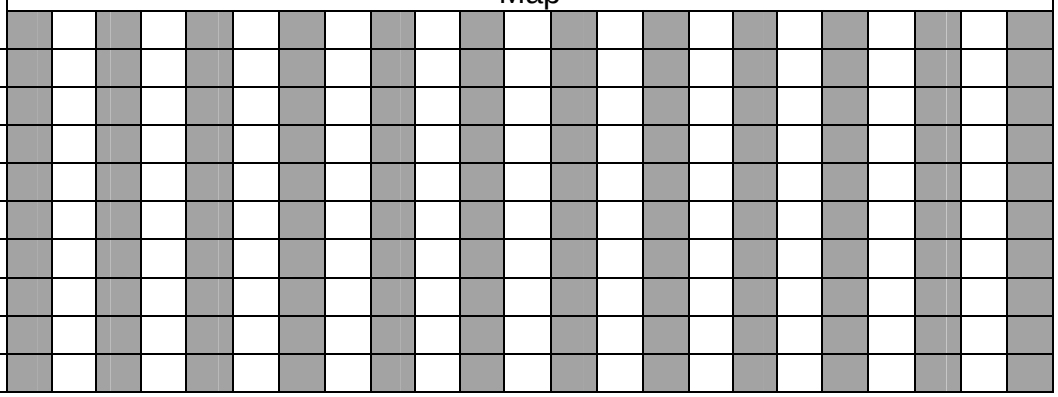
Date Planted:_____ Bed [ ] upper lower full other

Crop:_____ Sq. Ft:_____ Spacing:_____ Bed Prep:_____
Compost: _____ Variety: _____ Source: _____
Other Amendments: _____
Broadcast Rate: _____ Sown in Flats:_____ Pricked Out 1:_____
Total Yield:_____ Yield Index: _____ Pricked Out 2: _____

Date	Quantity	Weight	Date	Quantity	Weight	Date	Quantity	Weight	Date	Quantity	Weight

Previous crop in bed (date):_____
Observations (date): _____

Weeds / Non-Marketable / Other Biomass Yield		
Date	Material	Quantity

Map