



FGCM Butterfly Garden Application
 (Insert year)

Name that will appear on Certificate (Please print or type)

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Member of _____ District _____

Club President's Name _____ Phone _____

Email _____

Tell us about your Butterfly Garden Please circle yes or no

- | | | |
|--|-----|----|
| Garden located your garden in a sunny area? | Yes | No |
| Contain planted nectar-producing plants? | Yes | No |
| Contain lots of single flowers rather than double flowers? | Yes | No |
| Use large splashes of color in your landscape? | Yes | No |
| Plan for continuous bloom throughout the growing season? | Yes | No |
| Include host plants in the garden design? | Yes | No |
| Damp areas or shallow puddles? | Yes | No |
| Do you have: flat stones, trees, shrubs, vines that are adaptable for the butterflies to take cover? | Yes | No |

Please write a brief description of your garden: _____

The approximate size of my garden is _____

List trees, shrubs, flowers and vines that exist in or are near your butterfly garden. (Common names will be O.K.) _____

Name butterflies that frequently visit your garden _____

Enclose with this application three pictures of your Butterfly Garden. Please sign your name _____

DO NOT use pesticides in or near your garden

Mail application to FGCM Butterfly/Hummingbird Chairman

Deadline is October 10