



Barrington Public Library Seed Library Seed Intake Form

Your Information

Name: _____ I wish to remain anonymous. Please do not include my name with my seed donation.

Seed Information [Please include as much information as possible. Add extra notes to back of sheet.]

Type: _____ Harvest Date: _____

Vegetable Fruit

Herb Floral

Other: _____

Harvest Location: _____

Degree of confidence in seed purity:

Confident Unsure

Organically Grown?

Yes No Unsure

Common Name: _____

Varietal: _____

Days to Maturity: _____

Additional info (check all that apply):

Heirloom Native Open-Pollinated

Cycle:

Annual Perennial

Biennial Unsure

BPL Staff Use Only:

Intake Date: _____ Initials: _____



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