

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name of Plant: \_\_\_\_\_  
Description of plant (flower color, leaf shape, height, many or few plants)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pollinator: \_\_\_\_\_  
Team members: \_\_\_\_\_

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