



# SMART Lawns Enrollment Form and Pre-Survey

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address: (IMPORTANT) \_\_\_\_\_

*(Nutrient Management Plans will be sent electronically to save paper and postage.)*

**My check for \$20 to cover the cost of materials and one soil sample is enclosed.**

*\*for extra soil tests, add \$12.00 per sample\**

Make check payable to Henrico Master Gardeners and mail or hand deliver to:

***Henrico Extension Office, 8600 Dixon Powers Drive, P.O. Box 90775, Henrico, VA 23273-0775.***

**\*\*In order to receive your plan for the current year, please enroll by August 15th.\*\***

## **Please answer a few simple questions about your lawn:**

*Not sure how to answer? Call us at (804) 501-5160*

1. **One soil test is included in your \$20 fee. Which lawn area(s) do you want your sample to be taken from? If you want specific lawn areas to be sampled separately, each additional test costs \$12.00.**

Front Yard     Back Yard     Side Yard     Other \_\_\_\_\_

2. **What type of lawn grass do you intend to grow?** *(check one option below)*

Cool Season *(fescue, bluegrass)*

Warm Season *(Bermudagrass, zoysiagrass)*

3. **Do you:** *(check one option below)*

Care for your lawn yourself -or-  Hire a lawn service company?

4. **Do you have an in-ground irrigation system?** *(check one option)*     YES    -or-     NO

5. **Rate the appearance of your lawn now:** *(check one option)*     Poor     Fair     Good     Excellent

*(over)*

6. **Using the information provided in the SMART Lawns brochure, what are your lawn quality and maintenance level expectations?** *(check one option below)*

- High Quality Turf, High Maintenance
- Moderate to Good Quality Turf, Regular Maintenance
- Acceptable Turf Quality, Reduced Maintenance

7. **What is your SMART Lawn Management goal?** *(check one option below)*

- Maintain High Turf Quality
- Improve Turf Quality (denser turf, fewer weeds)
- Decrease Turf Maintenance (may result in lower turf quality)
- Convert Some Areas to Turf Alternatives

8. **What is your preference regarding lawn products?** *(check one option below)*

- Conventional      -or-       Organic Only

9. **Please describe any specific problems you are having with your lawn. Are these problems generalized throughout the lawn or only in specific areas?**

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10. **Would you like us to send a brochure and enrollment form to a friend or neighbor?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Protecting Water Quality is Everyone's Responsibility.



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If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this program, please contact the Henrico Extension Office at (804) 501-5160/TDD\* during business hours of 8:00 a.m. and 4:30p.m. to discuss accommodations. \*TDD number is (800) 828-1120.