



"Green" Grass Program

A Healthy Virginia Lawns Program

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Day Phone _____ Evening Phone _____ Cell _____

Preferred Contact Method: Day Phone _____ Evening Phone _____ Cell _____ Email _____

Residence

Location Type (residential, commercial, church, government): _____

Who maintains the lawn: _____

Do you keep your pets outside while you are not at home? Yes _____ No (or no pets) _____

Are you on a private well/septic system? Yes _____ No _____

Lawn

Area of Lawn, if known, in square feet (if known) _____

Location of Lawn (Check all that apply)

Type of Grass

Front lawn

Cool Season Grass

Side Lawn

Warm Season Grass

Back Lawn

Don't Know

When do you fertilize (Check all that apply): ___ Spring ___ Summer ___ Fall ___ Winter

Has lime been applied to your lawn within the last year? Yes _____ No _____

If so, how many pounds of lime for your whole lawn? _____

Do you apply herbicides to control weeds? Yes _____ No _____

Do you aerate annually? Yes _____ No _____

Mowing height for lawn (in inches) _____

First Time Customer _____ Update my plan _____

(Please complete other side of application)

Problems (Check any that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Shade | <input type="checkbox"/> Poor Drainage |
| <input type="checkbox"/> Wiregrass | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Grubs | <input type="checkbox"/> Thin turf |
| <input type="checkbox"/> Brown patch | <input type="checkbox"/> Steep Slopes |
| <input type="checkbox"/> Moss | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drought | |

If other please describe

What Kind of lawn do you want to have? (Your answer to this question will determine how intensively we recommend you manage your lawn.)

- I want to have a decent lawn with minimal inputs.
 - I want all my lawn to be managed organically with no chemical fertilizers.
 - I want to have one of the nicer lawns in the neighborhood.
 - I want to have the nicest lawn in the neighborhood.
 - I would like to have information about organic lawn care
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- * I am a Resident of Fauquier County or _____ county.
 - I want to join "Green" Grass. As a participant of the "Green" Grass program, I give my permission for a representative (volunteer usually) from the Virginia Cooperative Extension Fauquier Office to come onto my property to take soil samples and lawn measurements. I understand the base fee (\$40) covers one soil test and provides program materials. By checking this box I agree to follow the guidance provided in the Nutrient Management Plan to the best of my abilities. If I have questions, I will contact the Extension Office.
 - Please make check payable to "Treasurer, Virginia Tech." Mail or hand deliver to:

**"Green" Grass Program
VCE-Fauquier
24 Pelham Street
Warrenton VA 20186**

For questions about the program, please call
Horticulture Help Desk at (540) 341-7950, ext 1

**You will be contacted by e-mail from GreenGrass@fc-mg.org.
Please add GreenGrass@fc-mg.org to your address book and check your junk mail inbox.**

