Budburst Protocol

Data Sheet

School Name: _____Class or Group Name:_____

Name(s) of student(s) filling in Data Sheet: _____

_____

Date: _____

Site name (give your site a unique name):_____

	Tree Label: _____		Tree Label: _____	
Date	**Are tiny leaves emerging? Yes or No**	**Can budburst be seen on 3 locations on the tree? Yes or No**	**Are tiny leaves emerging? Yes or No**	**Can budburst be seen on 3 locations on the tree? Yes or No**

Comments: _____

_____

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