Care of seeds or plantlets

Same tank:_____

If no, describe: _____

_____

Describe any special conditions: _____

_____

Comments on the reproduction: _____

_____

Any problems: _____

Were you able to overcome them: Yes or No

How: _____

Attempts made that did not work: _____

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Date completed:

Requirement #1 _____ #2 _____ #3 _____ #4 _____

Chair's signature: _____ Date: _____

Certificate awarded: _____

Additional Comments:

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