

SAVING APPALACHIAN GARDENS AND STORIES (SAGAS)

Intake Form: use to capture information about 1.) gatekeepers (those who know others who save seeds) 2) Contact info for seed keeper 3) Seed donation

Circle all that apply. Please fill in blanks as completely as possible.

Seed Donation Potential Seed Keeper Other _____

1. Gatekeeper

Name: _____

Best way to contact:

- Address: _____
 Phone: _____
 Email: _____

Comments: _____

2. Seed Contact

Best way to contact:

- _____

Comments: _____

3. SEED DONOR INFORMATION

Same as Seed Contact

Name: _____

Best way to contact:

- Address: _____
 Phone: _____
 Email: _____

Comments: _____

1 **Common Name:** _____

2 **Origin of variety:** _____

3 **Appearance:** _____

4 **Resistance to:**

Cold/Freeze Drought Pest Disease

Comments: _____

5 **Susceptible to:**

Cold/Freeze Drought Pest Disease

Comments: _____

6 **Estimated Growing Season:** _____

7 **Soil Conditions:** _____

8 **Plant Management:** _____

9 **Other:** _____

Ok to be interviewed by students?

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REQUEST FORM: use this form if someone wants a seed that is not at a swap, has a question about a seed, or needs information about the Appalachian Studies Center and/or SAGAS.

1. Requestor

Name: _____

Check best way to contact:

- Address: _____
 Phone: _____
 Email: _____

Comments: _____

2. Requestor

Name: _____

Check best way to contact:

- Address: _____
 Phone: _____
 Email: _____

Comments: _____

3. Requestor

Name: _____

Check best way to contact:

- Address: _____
 Phone: _____
 Email: _____

Comments: _____

4. Requestor

Name: _____

Check best way to contact:

- Address: _____
 Phone: _____
 Email: _____

Comments: _____

