



# Enrollment Application

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
 Fairfax County resident:   yes           no

## Soil Samples

The soil probe extends 6 inches deep. List areas with underground drains, wires, pipes, utilities, etc. \_\_\_\_\_

Materials such as wood ashes and animal waste can alter test results. List areas where samples should be avoided. \_\_\_\_\_

Are pets kept outside while you are not home?  
 yes  
 no

Last lime application (months previous):	If lime was applied, rate in pounds per 1,000 square feet:
0-6	0-50
7-12	51-100
13-18	101-150
19+	151+
unsure	unsure

Lawns under 10,000 sq ft require only one composite soil test. If your lawn is over 10,000 sq ft or if you manage different areas, it is *optional* to request up to 2 additional tests for an additional \$15 fee for each. Indicate any additional areas you want tested:

- front
- back
- side
- other \_\_\_\_\_

Has your soil been tested in the past 3 years?  
 yes - if yes, when? \_\_\_\_\_  
 no  
 don't know

## History

How old is your lawn? \_\_\_\_\_  
 If unsure, when was the house built? \_\_\_\_\_

Do you know your lawn area?  
 yes - if yes, area in square feet: \_\_\_\_\_  
 no

Do you employ a lawn service?  
 yes  
 no

Is your lawn aerated annually?  
 yes  
 no  
 don't know

Do you overseed your lawn?  
 yes - if yes, how often? \_\_\_\_\_  
 no

Problems in the lawn (check all that apply)

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> clay soil      | <input type="checkbox"/> shade      |
| <input type="checkbox"/> compacted soil | <input type="checkbox"/> weeds      |
| <input type="checkbox"/> steep slope    | <input type="checkbox"/> wire grass |
| <input type="checkbox"/> poor drainage  | <input type="checkbox"/> grubs      |
| <input type="checkbox"/> drought        | <input type="checkbox"/> thin turf  |
| <input type="checkbox"/> brown patch    | <input type="checkbox"/> moss       |
| <input type="checkbox"/> other _____    |                                     |

Rate the appearance of your lawn:

- excellent
- good
- fair
- poor

What type of grass do you have?

- cool season grass (Kentucky bluegrass, tall fescue, perennial ryegrass, fine fescue)
- warm season grass (Bermuda grass, zoysia grass, centipede grass)
- don't know

Was your lawn fertilized in the past year?

- yes
- no
- don't know

If yes, what month was it fertilized (check all that apply)

- |                                   |                                 |                                    |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> May    | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June   | <input type="checkbox"/> October   |
| <input type="checkbox"/> March    | <input type="checkbox"/> July   | <input type="checkbox"/> November  |
| <input type="checkbox"/> April    | <input type="checkbox"/> August | <input type="checkbox"/> December  |

If yes, how much fertilizer?

- \_\_\_\_\_ # of bags
- \_\_\_\_\_ N-P-K (*N-P-K numbers on the bag*)
- \_\_\_\_\_ weight per bag
- don't know

Do you have an irrigation system?

- yes
- no

Do you water your lawn regularly?

- yes - If yes, how many times / week? \_\_\_\_\_
- no

What is the height you mow the grass?

- less than 2 inches
- 2-3 inches
- greater than 3 inches
- don't know

Do you remove grass clippings after mowing?

- yes - if yes, are they:            composted
- no    discard in trash
- other: \_\_\_\_\_

**Contacts**

What is the best way to contact you?

- email
- day phone
- evening phone

I prefer to receive my nutrient management plan by:

- email
- mail via US Postal Service

The basic program fee includes one soil test.  
Up to 2 additional tests cost \$15 each.

Check your payment amount:

- \$30 program (includes 1 soil test)
- \$45 program + 2 soil tests
- \$60 program + 3 soil tests

Make checks payable to:  
*Fairfax County Master Gardeners*

Mail check and enrollment form to:  
Home Turf - FCMGA  
P.O. Box 2033  
Merrifield, VA 22116 - 2033

I want to enroll in Home Turf, A Healthy Virginia Lawns Program. For my participation in the program, I give my permission to Fairfax County Master Gardeners to enter onto my property to take soil tests and lawn measurements. I understand that the base fee of \$30 covers one soil test and program materials, and that any additional soil tests cost \$15 each.

\_\_\_\_\_  
name / signature

\_\_\_\_\_  
date

Optional demographics:

Please help Virginia Cooperative Extension measure our effectiveness at reaching all people by voluntarily completing the information here:

Gender		Ethnicity		Race				Age			
Female	Male	Non-Hispanic or non-Latino	Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	<18	19-64	>64

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