**Request for AHS Historic Daylily Display Garden Status**

1. Name: _____

2. Garden Name: _____

3. Street Address: _____

4. City: _____ State: _____Zip code: _____

5. Telephone Number _____ E-mail address: _____

6. AHS member for minimum of 2 years or more? Yes _____ No _____

7. Local daylily club? Yes _____ No _____ Name of club _____

8. AHS Garden Judge? Yes _____ No _____

9. AHS Exhibition Judge? Yes _____ No _____

10. On a separate plain sheet of paper, describe your garden. Enclose two slides or two snapshots for your file. Computer-printed photos are acceptable. No CDs, please.

11. Why do you want AHS Historic Daylily Display Garden Status?

12. Approximately how many daylily species do you grow? _____

13. Approximately how many historic daylily cultivars do you grow? _____

14. Do you grow other plants in addition to daylilies?

15. Will your garden be open for visitors for the majority of the blooming season?

16. Do you sell commercially?

17. Estimate the number of garden guests you had the previous growing season.

18. Is your garden well maintained?

19. Do you have legible labels listing daylily cultivar names, their hybridizer's name, and the year of registration?

20. If your garden is approved, do you agree to complete and mail the annual renewal report form to the AHS Display Garden Chair by October 1 of each year? _____
(This report's purpose is to gather information about gardens for potential publicity and to update data in your files.)

Approved by Regional President _____ Date _____

Approved by AHS Display Gardens Chair _____ Date _____