

Request for AHS Display Garden Status

1. Name: _____
2. Garden Name: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____
5. Telephone No: _____ - _____ Email _____
6. AHS Member for minimum of 2 years or more. Yes _____ No _____
7. Local AHS group Yes _____ No _____ Name of group _____
Garden Judge Yes _____ No _____
Exhibition Judge Yes _____ No _____
8. On a separate plain sheet of paper describe your garden. Enclose 2
slides or 2 snapshots for your file. No CDs, please
9. Why do you want AHS Display Garden Status?

10. Approximately how many diploid daylilies do you grow? _____
11. Approximately how many tetraploid daylilies do you grow? _____
12. Do you grow doubles? _____
13. Do you grow spiders? _____
14. Do you grow miniatures? _____
15. Do you grow small flowers? _____
16. Do you hybridize daylilies? _____
17. Do you test or exhibit for other hybridizers? _____
18. Do you grow other plants besides daylilies? _____
19. Will your garden be open for visitors for the majority of the blooming
season? _____
20. Do you sell commercially? _____

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

22. Is your garden well maintained? _____

23. Do you have legible labels listing daylily cultivar names and their hybridizer's name? _____

24. If your garden is approved, do you agree to complete and mail the annual renewal report form to the Display Garden Chairperson 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).

25. Pay AHS dues by December 1st of each year.

Approved by Regional President _____ Date: _____

Approved by Display Garden Chairperson _____ Date: _____