

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 Vice President _____ Date: _____

Approved by Display Garden Chairperson _____ Date: _____