

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: \_\_\_\_\_