



NATIONAL ROSE TRIAL GARDEN OF AUSTRALIA
ADELAIDE BOTANIC GARDEN
Trial Garden Application Form

INFORMATION COMMERCIAL AND CONFIDENTIAL – USED ONLY BY THE SECRETARY
A SEPARATE FORM MUST BE COMPLETED FOR EACH CULTIVAR

Secretary: Mr. Dean Stringer, 10 Rednall Street, Tea Tree Gully, SA 5091. Telephone 08 8264 2204

SENDER NAME _____ PHONE (____) _____
ADDRESS _____
FAX NUMBER (____) _____ NAME OF CONTACT PERSON: _____

BREEDER NAME _____ PHONE (____) _____
BREEDER ADDRESS _____

NUMBER OF PLANTS TO BE SUPPLIED FOR TRIAL ONLY

Large flowered (Hybrid Tea) and Cluster Flowered (Floribunda).....4 plants
Miniature, Patio, Polyantha.....6 plants
Shrub Style, including Hybrid Musk, Rugosa etc, and Ground Cover.....3 plants
Climbers, Ramblers, Pillars.....2 plants

CULTIVAR CODE NAME _____

YOUR CLASSIFICATION (ie: Large flowered, Climber etc) _____

IS THIS AN AUST. BRED ROSE? YES NO If yes, list parentage _____

HEIGHT & SPREAD (approx) HEIGHT _____ SPREAD _____

PARENTAGE (optional) _____

COLOR _____

PRUNING Does this cultivar require any special pruning? YES NO If yes, please describe:

DEAD HEADING (Do you wish this cultivar to be deadheaded as normal? YES NO If no, please state reason (ie variety produces display of hips) _____

DISPOSAL OF PLANTS AFTER TRIAL Do you wish to collect your plants at the end of the trial?
(Otherwise they will be destroyed). Please tick: YES NO

DATE & METHOD OF DESPATCH _____

ANY SPECIAL REQUIREMENTS OR INSTRUCTIONS _____

SIGNATURE OF SENDER _____