



# National Rose Trial Garden of Australia Inc

Adelaide Botanic Garden

ABN 89 207 395 896

## Trial Garden Application Form (issue 2)

INFORMATION COMMERCIAL AND CONFIDENTIAL – USED ONLY BY THE SECRETARY

(Separate Form must be completed for each cultivar)

**Note: Recommended that Roses be 2 years or advanced 1 year plants with well established root system**

SENDER Name:	.....	Tel No:	.....
Address	.....	Mobile:	.....
City	..... P/Code. ....		
Email:	.....		
Name of Contact Person	.....		
BREEDER – Name and Address	..... .....		
CULTIVAR CODE NAME	.....		
NUMBER OF PLANTS TO BE SUPPLIED FOR TRIAL ONLY	Hybrid Tea/Grandiflora and Floribunda Miniature, Mini Flora, Polyantha Shrub Style, including Hybrid Musk, Rugosa Etc and Ground Cover Climbers, Ramblers, Pillars		4 plants 6 plants 3 plants 2 plants
YOUR CLASSIFICATION (ie Hybrid Tea, Climber, etc)		SPORT	YES NO
IS THIS AN AUSTRALIAN BRED ROSE	YES		NO
HEIGHT AND SPREAD (Approximate)	Height: .....		Spread: .....
PARENTAGE (optional)			
COLOUR			
TYPE OF UNDERSTOCK OR OWN ROOTS			
PRUNING?	Does this cultivar require any special pruning? If yes, please describe .....		
DEAD HEADING? Do you wish this cultivar to be dead headed as normal? If no, please state reason (ie variety produces display of autumn hips)			YES NO
DISPOSAL OF PLANTS AFTER TRIAL? Do you wish to collect your plants at the end of the trial? (otherwise, they will be destroyed)			YES NO
DATE AND METHOD OF DESPATCH			
ANY SPECIAL REQUIREMENTS OR INSTRUCTIONS?			
SIGNATURE OF SENDER	.....		DATE .....

**Note: All fields are mandatory except PARENTAGE which is OPTIONAL**

Please return completed form to:

Secretary: Chris Kelly, 3 1/B Baker St, SOMERTON PARK SA 5044

Mobile: 0467 812 584

Email address: nrosetga@gmail.com

OFFICE USE ONLY

FILE NO: .....