



# 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 <i>(ie Hybrid Tea, Climber, etc)</i>		SPORT	YES	NO
IS THIS AN AUSTRALIAN BRED ROSE	YES		NO	
HEIGHT AND SPREAD <i>(Approximate)</i>	Height: .....		Spread: .....	
PARENTAGE <i>(optional)</i>	.....			
COLOUR	.....			
TYPE OF UNDERSTOCK OR OWN ROOTS		.....		
PRUNING?	Does this cultivar require any special pruning? <i>If yes, please describe</i> .....			
DEAD HEADING? Do you wish this cultivar to be dead headed as normal? <i>If no, please state reason (ie variety produces display of autumn hips)</i>			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, 30 Sandow Cres, COROMANDEL VALLEY, SA, 5051  
Mobile 0467 812 584 Email : nrosetga@gmail.com

OFFICE USE ONLY

FILE NO: .....