

Request for American Daffodil Society Display Garden Status

Name and Title, if applicable: _____

Garden name: _____

Address: _____

Telephone: _____

Email Address: _____

Web Site, if applicable: _____

Additional contact person(s): _____

ADS member for minimum of 2 years or more: _____

If not, Local/Regional Society: _____

Public Garden or Private Garden: _____

On a separate page, describe the garden. Include two images for the ADS file. (*No CDs or DVDs please.*)

Approximately how many cultivars are grown? _____

How many Divisions? Which ones? _____

Approximately how many historic cultivars are grown? _____

Are Wister and/or Pannill award winning flowers grown? If so, how many varieties? _____

Are miniatures or intermediates grown? _____

Do you hybridize? _____

Will the garden be open for the majority of the blooming season? _____

By Appointment - Call Ahead? [] Yes [] No (if "yes," phone number & best time to call)

Visiting Times: (i.e. 9am – 5pm) _____

Days Open: _____

Peak Bloom Season(s): _____

If a public garden, estimate the number of visitors for the previous blooming season. _____

Is the garden well-maintained? _____

Are there legible labels listing cultivar names, divisions and color codes, and date of introduction?

Will assistance with literature or web site updates be requested? _____

If the garden is approved, do you (or your organization) agree to complete and mail the annual renewal report form to the ADS Display Garden Chair by Oct. 1 of each year? ____ (This report's purpose is to gather information about gardens for potential publicity and to update data in your files.)

Keep ADS Membership current by April each year. Use the following website for secure payment:

<https://stores.daffodilusastore.org/ads-membership/> The 3 year option is a great deal!

Approved by RVP or Designee _____ date _____

Approved by ADS Display Garden Chair _____ date _____

Mail this form to:

or email to: tstettn3rjr1@gmail.com

TOM STETTNER

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