

Trial Garden Application Form

Information provided is confidential

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*** Separate form must be completed for each cultivar ***

Applicant Name: _____

Applicant Address: _____

Phone number: _____ Fax number: _____

Email: _____

Contact Name (if different from Applicant): _____

Contact Phone number (if different from Applicant): _____

Breeder Name (if different from Applicant): _____

Breeder Phone number (if different from Applicant): _____

Cultivar Code Name: _____ Number of Plants Supplied: _____

Your Classification (eg. Large Flowered Climber, etc): _____

Is this an Australian Bred Rose? Yes / No; if yes, list parentage: _____

Height (approx.): _____ Spread (approx.): _____

Parentage (if known): _____

Root Stock: _____

Colour: _____

Pruning (does this cultivar require any special pruning?): _____

Dead Heading (Do you wish this cultivator to be dead headed as normal?): Yes / No

If no, please state reason: _____

Disposal of plants after Trial (Do you wish to collect your plants at the end of the trial? Otherwise they may be destroyed): Yes / No

Date and method of Dispatch: _____

Any special requirements or instructions? _____

Contact Jamie Jensen by email: Jamie.Jensen@tr.qld.gov.au for dates of delivery and delivery address.

Signature of Applicant:-----