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/](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 STETTNENER

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