

American Peony Society Cultivar Registration Form

PROPOSED NAME:		Date:	
Name Derivation:			
ORIGINATOR		REGISTRANT (if different from originator)	
Name:		Name:	
Address:		Address:	
SEEDLING NUMBER or GARDEN NAME:			
FIRST YEAR BLOOMED:		FIRST YEAR PROPAGATED:	
PARENTAGE: Pod Parent		Pollen Parent	
Unknown <input type="checkbox"/>			
Has cultivar been patented, trademarked or otherwise commercially protected? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain:			
Has cultivar been exhibited and/or received awards? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain:			
Has cultivar been previously distributed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, under what name?			
CULTIVAR GROUP (Type): <input type="checkbox"/> Lactiflora <input type="checkbox"/> Herbaceous Hybrid <input type="checkbox"/> Suffruticosa Tree Peony			
<input type="checkbox"/> Lutea Hybrid Tree <input type="checkbox"/> Itoh (Intersectional) Hybrid <input type="checkbox"/> Other:			
SEASON OF BLOOM: <input type="checkbox"/> Very Early <input type="checkbox"/> Early <input type="checkbox"/> Early/Mid <input type="checkbox"/> Midseason <input type="checkbox"/> Mid/Late <input type="checkbox"/> Late <input type="checkbox"/> Very Late			
— F L O W E R —			
FLOWER FORM: <input type="checkbox"/> Single <input type="checkbox"/> Japanese <input type="checkbox"/> Anemone <input type="checkbox"/> Semi-Double <input type="checkbox"/> Bomb <input type="checkbox"/> Full Double			
<input type="checkbox"/> Novelty (explain)			
FLOWERS PER STEM: (average number)		FLOWER SIZE:	
FLOWER PRESENTATION: <input type="checkbox"/> Up facing <input type="checkbox"/> Out Facing <input type="checkbox"/> Down Facing			
<input type="checkbox"/> Other (explain)			
FRAGRANCE: <input type="checkbox"/> Very <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Malodorous			
PETAL COLOR: Primary		RHS	
Secondary		RHS	
FLARES: <input type="checkbox"/> Yes <input type="checkbox"/> No		Color of flares: RHS	
Margin of flare: <input type="checkbox"/> Sharp edge <input type="checkbox"/> Blurred edge <input type="checkbox"/> Bleeding edge			
Size of flares as a percent of petal length: _____ %			
COLOR PATTERNS: If flares are present, or if petals are of more than one distinct color, describe color pattern.			
GUARD (outer) PETAL FORM: (check all that apply)		<input type="checkbox"/> Flat <input type="checkbox"/> Cupped <input type="checkbox"/> Twisted	
<input type="checkbox"/> Rounded <input type="checkbox"/> Pointed <input type="checkbox"/> Ruffled		<input type="checkbox"/> Frilled <input type="checkbox"/> Notched	
Other: (explain)			
Average width of guard petals:			
CARPELS: <input type="checkbox"/> None		Average Number: _____ Color: _____ RHS: _____	
Hairiness: Smooth <input type="checkbox"/>		Sparse <input type="checkbox"/> Moderate <input type="checkbox"/> Very Hairy <input type="checkbox"/>	

STIGMAS: Color:	RHS:	Shape:	<input type="checkbox"/> Normal	<input type="checkbox"/> Feathered
STAMENS: <input type="checkbox"/> Yes <input type="checkbox"/> No	POLLEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	SEEDS: <input type="checkbox"/> Yes <input type="checkbox"/> No		
STAMEN LENGTH: <input type="checkbox"/> None <input type="checkbox"/> Less than ½-inch <input type="checkbox"/> ½ to ¾-inch <input type="checkbox"/> More than ¾-inch				
FILAMENT COLOR: Base		RHS		
Tip		RHS		
STAMINODES: <input type="checkbox"/> Yes <input type="checkbox"/> No	STAMINODE SHAPE: <input type="checkbox"/> Linear <input type="checkbox"/> Oblanceolate <input type="checkbox"/> Spatulate			
STAMINODE COLOR & COLOR PATTERNS:				
STAMINODAL DISK: (Herbaceous peonies)				
Degree of Development:		<input type="checkbox"/> Well developed and complete	<input type="checkbox"/> A few projections	<input type="checkbox"/> Obscure
Color:				
SHEATH: (Woody peonies and Itoh hybrids)		<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
Color:		RHS:		
— P L A N T —				
EARLY FOLIAGE COLOR ON EMERGENCE FROM GROUND:				
LEAFLETS: <input type="checkbox"/> Finely Cut <input type="checkbox"/> Broadly Cut <input type="checkbox"/> Narrow Pointed <input type="checkbox"/> Broad Pointed <input type="checkbox"/> Broad Blunt <input type="checkbox"/> Irregular				
LEAF COLOR: <input type="checkbox"/> Green <input type="checkbox"/> Yellow Green <input type="checkbox"/> Blue Green				
Secondary Color:		<input type="checkbox"/> Pink	<input type="checkbox"/> Purple	
Other: (explain)				
AVERAGE HEIGHT AT MATURITY:		DOES PLANT NEED SUPPORT? Yes <input type="checkbox"/> No <input type="checkbox"/>		
GROWTH HABIT: <input type="checkbox"/> Low/Broad <input type="checkbox"/> Spreading <input type="checkbox"/> Upright <input type="checkbox"/> Narrow Upright				

WRITTEN DESCRIPTION: A description written by the applicant is always useful, and may contain information not asked for in the form. Please provide a description of the cultivar that distinguishes it from all others of a similar type and color, and any other information you feel is important or potentially of interest. Use other side or additional page.

Include with your request for registration a color photo, color slide, or color digital image of the flower and of the foliage. The photo of the foliage can be either a single complete stem (herbaceous) or a leaf (woody or intersectional).

SEND THE COMPLETED APPLICATION AND PHOTOS FOR EACH REGISTRATION TO:

reiner@kw.igs.net — OR —

Reiner Jakubowski, Registrar
American Peony Society
624 Pineridge Rd.
Waterloo, ON N2L 5J9
CANADA

ALL FEES IN US DOLLARS PAYABLE TO APS. The fee for each registration is \$20.00. Add \$40.00 for optional color photo to accompany the published description in *The APS Bulletin*. Pay fees on the APS Website, send check or money order to the address below or arrange payment by contacting:

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