

## INTERNATIONAL REGISTRATION OF HOSTA CULTIVARS

**Minimum requirements for registration are:**

- This form with bold-faced items completed in their entirety
- One digital photograph of the clump, with discernible leaf detail
- Written permission from the originator (if other than the registrant)
- \$5 registration fee per cultivar name. Make check(s) payable to "The American Hosta Society"

**Optional but recommended:**

- Additional digital photo(s) showing leaf and flower details

**Mail required items to:**

Hosta Registrar  
 Gayle Hartley Alley  
 33001 E 155<sup>th</sup> Street  
 Pleasant Hill, MO 64080-9365

**or email to:**

[HostaRegistry@gmail.com](mailto:HostaRegistry@gmail.com)

Questions can be answered by calling **(816) 697-2007** or emailing [GiboshiGayle@gmail.com](mailto:GiboshiGayle@gmail.com)

Feel free to photocopy this form, or visit <http://www.hostaregistrar.org> for additional copies.

Terms used on this form can be found in *The American Hosta Society Glossary of Terms* [http://www.hostaregistrar.org/hosta\\_terminology.html](http://www.hostaregistrar.org/hosta_terminology.html)

Registrations received by **November 1** will be included in that year's registration publication.

**Please Note:** Un-established cultivar names submitted for registration do not become established until they are published in the *Registrations* supplement of *The Hosta Journal*, accompanied by their description. However, cultivar names can become established outside this avenue by being published elsewhere prior to the publication date of the *Registrations* supplement (which could potentially negate your registration).

**Key A – Flowering period(s)**

**Key B – Leaf Colors**

Northern Hemisphere	Southern Hemisphere
<b>AN</b> = before June 1	<b>AS</b> = before Dec 1
<b>BN</b> = June 1 – July 15	<b>BS</b> = Dec 1 – Jan 15
<b>CN</b> = July 15 – Aug 15	<b>CS</b> = Jan 15 – Feb 15
<b>DN</b> = Aug 15 – Oct 1	<b>DS</b> = Feb 15 – April 1
<b>EN</b> = after Oct 1	<b>ES</b> = after April 1

light green medium green dark green  greenish-yellow pale yellow yellow golden yellow  green speckling  streaked with _____ (enter color from above) mottled with _____ (enter color from above)	slightly blue-green medium blue-green intensely blue-green  greenish-white creamy white pure white  white speckling
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# INTERNATIONAL REGISTRATION OF HOSTA CULTIVARS

## Registrant Information

**CULTIVAR NAME:**

<b>Registrant Name:</b>	<b>Phone:</b>	<b>Email:</b>
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**Street Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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Enter names below **only** if different from the "Registrant"

Introducer:	Originator:	Nominant (Namer):
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## General Information

**All Measurements presented on this application are in:**      Inches      Centimeters      (*circle one*)

**Is the cultivar being grown or sold under a different name or designation?**    Yes    No    (*circle one*)    *If yes, provide detailed explanation.*

**Has this cultivar name ever been published?**    Yes    No    (*circle one*)    *If yes, provide publication name(s) [catalogs included] and date(s).*

**Is the cultivar a Sport?**    Yes    No    (*circle one*)    *If yes --> Parent Name:*

**Is the cultivar a Seedling?**    Yes    No    (*circle one*)    *If yes enter parentage below.*

<b>Pod Parent:</b>	<b>Pollen Parent:</b>
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**The clump described is \_\_\_\_\_ years old and is** (*circle all that apply on line below*)

**original seedling    original sport**    (*enter number ->*) **\_\_ generation division    tissue cultured    unknown history**

**The clump was obtained from \_\_\_\_\_** (*enter 1, 2 or 3*)    **1) A Nursery    2) Other Source \_\_\_\_\_**

**3) The Originator** (*select this only if the Originator is different from the Registrant above*)

**The clump described is growing in** (*city/state/country*):

**What diagnostic characteristics make this cultivar unique from other hostas?**    *describe below*

## Plant Patent or Breeder's Rights

**Is (or will) there be a patent, or Breeders Rights, applied for?**    Yes    No    (*circle one*)

*If you circled "Yes" complete any applicable field(s) below.*

<b>Country:</b>	<b>Application #</b>	<b>Date:</b>
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<b>Country:</b>	<b>Pat. Pending</b>	<b>Date:</b>
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<b>Country:</b>	<b>Patent #</b>	<b>Date:</b>
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<b>Country:</b>	<b>Breeder's Rights #</b>	<b>Date:</b>
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## Plant Details

Plant Habit:    Upright      Mound      Rhizomatous      (*circle one*)

Growth Rate:    Slow      Medium      Fast      (*circle one*)

<b>Plant Width:</b>	<b>Plant Height:</b>
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# INTERNATIONAL REGISTRATION OF HOSTA CULTIVARS

## Leaf Details

**Leaf Color** (choose from **Key B** on page 1, or from a recognized color authority such as the Royal Horticultural Society color chart). If leaf is a single color, enter under "Center Color"

**Center Color:** \_\_\_\_\_ **Margin Color:** \_\_\_\_\_ **Margin Width:** \_\_\_\_\_

**Seasonal Color Change** (*describe, if applicable*)

**Is variegation relatively stable?** Yes No (*circle one*) If yes --> \_\_\_\_\_ **How many years?** \_\_\_\_\_

**Leaf Width:** \_\_\_\_\_ **Leaf Length:** \_\_\_\_\_ Number of Vein Pairs (range): \_\_\_\_\_

Unique Petiole [leaf stalk] Characteristics (*describe*)






Margin Appearance: Flat Slightly Rippled Heavily Rippled Serrated (*circle one*)





Leaf Texture (top surface): Dull Slightly Shiny Very Shiny Glaucous Bloom (*circle one*)

Leaf Texture (bottom surface): Dull Slightly Shiny Very Shiny Glaucous Bloom (*circle one*)

Is leaf relatively flat? Yes No (*circle one*) If "No" use one or more modifiers at right to describe **only** the applicable leaf characteristics below. [L]ightly [M]oderately [D]eeply [I]ntensely

\_\_\_ Cupped      \_\_\_ Twisted      \_\_\_ Folded      \_\_\_ Wavy      \_\_\_ Corrugated

Leaf Shape:  Lance  Elliptic  Ovate  Broadly Ovate  Nearly Round (*select one*)

Leaf Base:  Tapered  Flat  Heart-shaped [cordate]  Rounded (*select one*)

## Flower, Scape & Pod Details

**Flower Period:** AN BN CN DN EN AS BS CS DS ES (*circle one*) (see **Key A** on pg 1 for explanation of codes)

**Flower Color:** White Near White Pale Lavender Medium Lavender Pale Purple Deep Purple Other \_\_\_\_\_ (*circle one*)

Scape Height: \_\_\_\_\_ to \_\_\_\_\_ (*range*) Scape Color: \_\_\_\_\_ Flower Length: \_\_\_\_\_

Scape Leaves [bracts] at maturity? Yes No (*circle one*) Is there significant fragrance? Yes No (*circle one*)

Bloom Time Start: \_\_\_\_/\_\_\_\_ (*month/day*) Bloom Time Peak: \_\_\_\_/\_\_\_\_ (*month/day*) Bloom Time Finish: \_\_\_\_/\_\_\_\_ (*month/day*)

Flower Color Patterns (*striping, translucent margins, etc.. Please describe*):

Flower Shape:  Tubular  Bell  Spider Closed Double Other \_\_\_\_\_ (*select one*)

Does it set seed? Yes No (*circle one*) If yes --> \_\_\_\_\_ Is the seed viable? Yes No (*circle one*) Seed Pod Color: \_\_\_\_\_

### - - REGISTRAR USE ONLY - -

Registration Received: \_\_\_\_\_ Date: \_\_\_\_\_

Registered (or Rejected): \_\_\_\_\_ Date: \_\_\_\_\_

Name Reserved: \_\_\_\_\_ Date: \_\_\_\_\_