

INTERNATIONAL REGISTRATION OF HOSTA CULTIVARS

Minimum requirements for registration are:

- This form with bold-faced items completed in their entirety
- Three digital photographs: clump, close-up showing a representative leaf, and a close-up of the flower. Please supply the photographer's name and approximate date each photo was taken.
- 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:

- Additional digital photo(s) showing unique plant characteristics

Mail required items to:

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

or email to:

HostaRegistry@gmail.com

Questions can be answered by calling **(816) 697-2007** or emailing 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

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 |
|------------------------------|------------------------------|
| AN = before June 1 | AS = before Dec 1 |
| BN = June 1 – July 15 | BS = Dec 1 – Jan 15 |
| CN = July 15 – Aug 15 | CS = Jan 15 – Feb 15 |
| DN = Aug 15 – Oct 1 | DS = Feb 15 – April 1 |
| EN = after Oct 1 | ES = 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 |
|--|---|

INTERNATIONAL REGISTRATION OF HOSTA CULTIVARS

Registrant Information

| | | | |
|--|--|------------------------|--------------------------|
| CULTIVAR NAME: | | Alternate Name: | |
| Registrant Name: | | Phone: | Email: |
| Street Address: | | | |
| City: | | State: | ZIP Code: |
| Enter names below only if different from the "Registrant" | | | |
| Introducer: | | Originator: | Nominant (Namer): |

General Information

| | | | |
|---|--|-----------------------|--|
| All Measurements presented on this application are in: Inches Centimeters (<i>circle one</i>) | | | |
| Is the cultivar being grown or sold under a different name or designation? Yes No (<i>circle one</i>) <i>If yes, provide detailed explanation.</i> | | | |
| | | | |
| Has this cultivar name ever been published? Yes No (<i>circle one</i>) <i>If yes, provide publication name(s) [catalogs included] and date(s).</i> | | | |
| | | | |
| Is the cultivar a Sport? Yes No (<i>circle one</i>) <i>If yes --></i> Parent Name: | | | |
| Is the cultivar a Seedling? Yes No (<i>circle one</i>) <i>If yes enter parentage below.</i> | | | |
| Pod Parent: | | Pollen Parent: | |
| The clump described is _____ years old and is (<i>circle all that apply on line below</i>) | | | |
| original seedling original sport (<i>enter number -></i>) generation division tissue cultured unknown history | | | |
| The clump was obtained from _____ (<i>enter 1, 2, 3 or 4</i>) 1) Yourself 2) A Nursery 3) The Originator (<i>select this <u>only</u> if the Originator is different from the Registrant above</i>) 4) Other Source _____ | | | |
| The clump described is growing in (<i>city/state/country</i>): | | | |
| What diagnostic characteristics make this cultivar unique from other hostas? (<i>describe below</i>) | | | |
| | | | |
| | | | |

Plant Patent or Breeder's Rights

| | | | |
|--|---------------------------|--------------|--|
| Is (or will) there be a patent, or Breeders Rights, applied for? Yes No (<i>circle one</i>) | | | |
| If you circled "Yes" complete any applicable field(s) below. | | | |
| Country: | Application # | Date: | |
| Country: | Pat. Pending | Date: | |
| Country: | Patent # | Date: | |
| Country: | Breeder's Rights # | Date: | |

Plant Details

| | | | | |
|---------------------|---------|----------------------|-------------|-----------------------|
| Plant Habit: | Upright | Mound | Rhizomatous | (<i>circle one</i>) |
| Growth Rate: | Slow | Medium | Fast | (<i>circle one</i>) |
| Plant Width: | | Plant Height: | | |

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:

Is variegation relatively stable? Yes No (*circle one*)

Seasonal Color Change (*describe, if applicable*)

Leaf Width:

Leaf Length:

Number of Vein Pairs (range):

Unique Petiole [leaf stalk] Characteristics (*describe, if applicable*)

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:

Fragrance? Yes No (*circle one*)

Unique bracts? (*describe if present*)

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: