

Application for Registration African Violet Society of America, Inc.

PROPOSED NAME OF CULTIVAR		APPLICANT'S ADDRESS	
APPLICANT'S NAME	AVSA MEMBERSHIP NUMBER		
E-MAIL ADDRESS	PHONE NUMBER		
HYBRIDIZER'S (ORIGINATOR'S) NAME & ADDRESS (IF DIFFERENT FROM APPLICANT)			

Origin

DATE FIRST PROPAGATED	IF SEEDLING, PARENTS OF SEEDLING (SEED PARENT X POLLEN PARENT) X
NO. OF GENERATIONS PROPAGATED TRUE	IF SPORT, ORIGIN OF SPORT

Growth Habit (CHECK ONE)

SINGLE CROWN <input type="checkbox"/> Miniature (UNDER 6") <input type="checkbox"/> Standard (12" TO 16") <input type="checkbox"/> Large (OVER 16") <input type="checkbox"/> Semiminiature (UNDER 8") <input type="checkbox"/> Small Standard (9" to 11")	TRAILER <input type="checkbox"/> Standard trailer <input type="checkbox"/> Miniature trailer <input type="checkbox"/> Semiminiature trailer
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Blossom Description

ROWS OF PETALS (CHECK ONE) <input type="checkbox"/> Single <input type="checkbox"/> Sticktite single <input type="checkbox"/> Single to semidouble <input type="checkbox"/> Semidouble <input type="checkbox"/> Semidouble to double <input type="checkbox"/> Double
COLOR(S) OF BLOSSOMS
BLOSSOM TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> Pansy <input type="checkbox"/> Star <input type="checkbox"/> Bell <input type="checkbox"/> Wasp <input type="checkbox"/> Ruffled <input type="checkbox"/> Frilled <input type="checkbox"/> Fantasy (SPOTS / STREAKS) <input type="checkbox"/> Fantasy (PUFF) <input type="checkbox"/> Edge (COLOR: _____) <input type="checkbox"/> Chimera (SIDE COLOR: _____ STRIPE COLOR: _____)

Foliage Description

SHADE OF GREEN <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	IF VARIEGATED, TYPE OF VARIEGATION <input type="checkbox"/> Tommie-Lou <input type="checkbox"/> Crown <input type="checkbox"/> Mosaic <input type="checkbox"/> Chimera	IF VARIEGATED, COLOR OF VARIEGATION
LEAF TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> Plain <input type="checkbox"/> Ovate <input type="checkbox"/> Spooned <input type="checkbox"/> Heart-shaped <input type="checkbox"/> Pointed <input type="checkbox"/> Longifolia <input type="checkbox"/> Quilted <input type="checkbox"/> Pebbled <input type="checkbox"/> Glossy <input type="checkbox"/> Hairy <input type="checkbox"/> Ruffled <input type="checkbox"/> Wavy <input type="checkbox"/> Scalloped <input type="checkbox"/> Serrated <input type="checkbox"/> Girl <input type="checkbox"/> Bustle <input type="checkbox"/> Red-backed		

Full Description WRITE YOUR DESCRIPTION USING THE GUIDELINES IN THE APPLICATION FOR REGISTRATION INSTRUCTIONS.

Photograph

Required: at least one clear photo (printed or digital) showing blossom and foliage <input type="checkbox"/> Included <input type="checkbox"/> Sent by e-mail *	
By initialing the next box I give permission to use the photo(s) for <input type="checkbox"/> the AVSA website <input type="checkbox"/> First Class	INITIALS
SIGNATURE	DATE OF APPLICATION

* See "Registration Report" column in *African Violet Magazine* for current e-mail address. If posted in photo album, please send link by e-mail.

NAME OF CULTIVAR

REGISTRATION NO.

REGISTRATION DATE

DATE PUBLISHED

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