

<b>APPLICATION FOR REGISTRATION</b>		Date _____		Number _____	
submit to: Mark Wright, Pres. PSA Registration Comm. 2819 Carnoustie Drive Missouri City, TX 77459-0000		SUBMITTER Name _____ Address _____ _____			
NAME	Proposed _____ Alternate(s) _____				
FLOWER	Color _____	Keeping quality: 1 2 3 4 5			
	Size _____	Tendency to fade: 1 2 3 4 5			
	Fragrance _____	Intensity of scent: 1 2 3 4 5			
	Other _____				
FLOWER STALK	Diameter _____	Length _____	Attitude: _____	Upright _____	Pendant _____
	Surface texture: _____	Smooth _____	Pubescent _____	Rough _____	Waxy _____
	Production: _____	1 2 3 4 5			Other _____
LEAF	Length _____	Width _____	Leaf border color _____		
	Upper texture _____				
	Under texture _____				
ANALYSIS	Upper petal shading _____				
	Under petal shading _____				
	Flower stalk shading _____				
	Upper: Leaf color _____	Vein color _____			
	Under: Leaf color _____	Vein color _____			
	Petal shape _____	Petal tip _____			
	Leaf shape _____	Leaf tip _____			
	Comments _____				
PLANT	Height _____	Spread _____	Age _____	Tendency to set seeds: 1 2 3 4 5	
	Blooming period _____	Compactness: 1 2 3 4 5			
	Deciduous _____	Branching: 1 2 3 4 5			
	Evergreen _____				
	Seedling _____	Seed parent _____			
	Cutting _____	Male parent _____			
HISTORY	Patent(s) _____				
	Date _____	Date _____			
	Name _____	Name _____			
	Address _____	Address _____			
COMMENTS	Source _____				
	Applicant must attach a written description of the plant and flower.				
SIGNED	Permission to publish Originator's name? Yes No				
	Submitter _____	Originator _____			