



The British Fuchsia Society

England and Wales Registered Charity No. 1038334
Registered Charity in Scotland No. SC039652



New Cultivar Registration Form

PLEASE PRINT (BLOCK CAPITALS)

Name of Hybridiser _____ BFS Membership No.-.....

Address _____

Postcode _____

Tel _____ E-mail _____

Cultivar Name _____ Year of Introduction _____

Parentage female (seed bearer) _____

male (pollen bearer) _____

Years Tested _____ Area/s of Country where Tested _____

Please TICK One Box in Each Section

Type of Flower Single Semi-Double Double Triphylla
Encliandra Other Please State _____

Size of Flower Small Medium Large
Free Flowering (2 or more blooms per leaf axil) Yes No

Colour of Tube _____

Colour of Sepals _____

Sepal Position Fully Down Half Down Horizontal Half Up Fully Up

Sepal Tips Recurved (Tips pointing upwards) Reflexed (Tips pointing downwards)

Any Other Please state (twisted etc.) _____

Do the Sepals Change Colour as Flower Matures Yes No

If Yes Please State _____

Colour of Corolla _____

Corolla Shape No Flare 1/4 Flared 1/2 Flared 3/4 Flared Fully Flared

Does the Corolla Change Colour as Flower Matures Yes No

If Yes Please State how _____

Type of Growth Upright Lax Trailing Self Branching

Height Dwarf up to 30cm (1ft) Small 30-60cm (1-2ft) Medium 60-90cm (2-3ft)

Large 90-110cm (3-4ft) Tall above 110cm (4ft)

Leaf Size Small Medium Large

Leaf Colour (Please State) Upper Surface _____

Lower Surface _____

Hardy Yes No If YES please state number of years tested _____

Please tick boxes to indicate pictures taken and enclosed, no pictures will be returned to owner. We would prefer to receive pictures on CD saved as high resolution jpeg images for better reproduction.

The only Photograph to be taken on grid card (photograph **must** have the flower, bud and 2 leaves together, one leaf showing the upper surface and one showing lower surface)

Other Photographs Required A branch showing flowers and buds Complete plant showing growth

Cultivar Availability Privately Released Un-Released Commercially Released

If Commercially Released,

Please state Nursery where is/shall be available _____ year _____

Signature _____

Date _____

PLEASE RETURN COMPLETED FORM TO: SEEDLING REGISTRAR: Derek Luther,
5 Wincombe Close, Ferndown, Dorset, BH22 8HZ email: wincombe@gmail.com