



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 printed pictures will be returned to owner. We would prefer to receive digital pictures via email to paulleatherdale1@gmail.com OR on a USB Stick saved as high-resolution jpeg images for better reproduction. This will be returned if requested.

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: Paul Leatherdale,

96 Mumford Road, West Bergholt, COLCHESTER CO6 3BN

email: paulleatherdale1@gmail.com