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 Waldron
Stoneleigh, Old Vicarage Lane, Kemble, CIRENCESTER GL7 6BB **email:** paul.waldron.bfs@gmail.com