

CONSULTING ROSARIAN REPORT FORM

Name _____ Report Date _____
Address _____ City _____
State _____ Zip code _____ E-mail address _____
Phone _____ Local Rose Society _____

Current Year Activities

#ARS Members recruited _____ #Programs presented _____
#Articles published _____ #Rose consultations _____
Meetings attended National _____ District _____ Local _____
Offices held _____ Other activities _____
Number of Roses Grown HT _____ GR _____ FL _____ Min _____ MiniFlora _____
Shrubs _____ OGR _____ Climbers/Ramblers _____ TOTAL _____

ROSE RECOMMENDATIONS FOR GARDEN VARIETY

	1	2	3
HT/GR	_____	_____	_____
FL	_____	_____	_____
OGR	_____	_____	_____
SHRUBS	_____	_____	_____
CLIMBERS	_____	_____	_____
Mini/MiniFloras	_____	_____	_____

RECOMMENDATIONS FOR PEST CONTROL

Spider Mites _____	Insects _____
Blackspot _____	Powdery mildew _____
Downy mildew _____	Botrytis _____

Suggestions on how to improve the CR Program:

Signature _____ Date _____