CONSULTING ROSARIAN REPORT FORM

Name_____ Report Date_____

Address_____ City_____

State_____ Zip code_____ E-mail address_____

Phone _____ Local Rose Society_____

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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_____