International Camellia Society

APPLICATION FORM FOR THE REGISTRATION OF A NEW CAMELLIA CULTIVAR

Registration of a new cultivar should only be considered if the following conditions apply:

The plant has been test grown and flowered for at least 3 years, to ensure it grows well and regularly for several seasons and produces abundant flowers that open well.

The plant is multiplied and distributed in more than twenty cultivars.

1. PROPOSED NAME OF NEW CAMELLIA

a) First choice :

b) Second choice :

2. NAME & ADDRESS OF THE REGISTRANT

3. NAME & ADDRESS OF ORIGINATOR (person who recognized the cultivar as having merit)

4. NAME & ADDRESS OF NOMINANT (person who invented or created the name)

5. NAME & ADDRESS OF INTRODUCER (first person or company who launched the cultivar for the public)

6. YEAR OF ORIGINATION

7. NAME & DATE OF PUBLICATION (only if the cultivar has already been described)

8. IF THE ORIGINAL NAME IS IN A SCRIPT OTHER THAN LATIN, GIVE ORIGINAL NAME

9. GIVE THE MEANING / DERIVATION OF THE NAME & ITS LANGUAGE SOURCE

10. PLANT PATENT/ PLANT BREEDERS RIGHTS

National Authority :

Date granted:

Number assigned:

Verification copy associated with this
form

11. ANY AWARDS AT SHOWS OR TRIALS
[Please specify the event(s), give location(s) and date(s)]

12. DETAILS FOR A SEEDLING

Give the full name of the cultivar including the species or hybrid formula if applicable

Age now: (or specify the sowing date)

Year when it first bloomed:

Female Parent: (origin of the seed, if known)

Male Parent: (origin of pollen, if known)

13. DETAILS FOR A SPORT

Parent name (example *C × williamsii* 'Jill Totty')

Year first observed :

Year first propagated :

Method of propagation :

Second parent (if known) :

Number of plants grown :

How many of these have flowered?

Sport flowering rate, stable for at least 2 seasons (%)?

14. PLANT

Growth habit: (Choose from the following: fastigiate, upright, spreading, prostrate, weeping, bushy, dense, dwarf, open)	Growth rate (rapid, medium, slow, very slow)

Location: environment (grown under glass, shade house, outdoors)	Propagation method (cutting, graft, other)

15. FLOWERS

Flowering season: (Refers to typical season for the cultivar in the area from which it is to be registered. eg Very Early (autumn), Early, Mid-Season, Late, Very Late)	Duration of Flowering Season: (Long, Average, Short Flowering)

Form (check the corresponding type and subcategory)

Single	Semi-Double	Anemone	Peony(or informal double)	Rose form double	Formal double
Tubular	Flat	Single row of outer petals	Loose (stamens)		Imbricated
Flat	Cup-shaped	Multiple rows of outer petals	Full (no stamens)		Spiral
Cup-shaped	Hose-in-hose				Tiered

Arrangement of Stamens: (column, divided, mixed with petaloides, Higo, other)

Colour of stamens	Colour of filaments

Colour + average number of petaloids (if present)	Average number of petals

Flower dimensions

	Depth/height (mm)	Width (mm)
Small :		
Medium :		
Large :		

Wilted flower behaviour (remains on bush, falls whole or shatters)

Other comments (if necessary)

Colour of the petals; when using the RHS chart, specify the year of publication, the edition nbr and the number of the code in the group. ex : RHS2007 62C

Changes under glass :

Any other noteworthy characteristics (unusual texture, shape, etc.)

16. LEAF

Color (Light green, dark green, variegated)	Shape: (Please enter one or more of: flat, twisted, curled, keeled, margins re- curved, fishtail)

Size :

                Length (cm)   Width (cm)

Small :

Medium :

Large :

17. FLOWER BUDS

Shape (round, oval, elongated, elliptical, lanceolate, oblanceolate)	Color of the flower bud

18. DÉVELOPMENT OF THE SEED

Size (mm)	Shape (round, elliptical, flat)

Colour   Abundant

Medium

Rare

19. PLEASE INCLUDE 3 DIGITAL COLOR PHOTOS (approx. 1MB, minimum resolution 1080 x 810)

Flowers on the bush   Branch with 3-5 leaves

Close-up of a single flower

DECLARATION

I confirm that the information disclosed in this document is true and correct to the best of my knowledge.

Complete name (of the signatory)   **Signature (when sent by post)**

Date :