

Application for Registration of a New Camellia Cultivar

To qualify as a new cultivar there must be at least 5 plants of the new variety in existence and they must have flowered for at least 3 or 4 years to ensure that the bloom is consistent. Your new cultivar should have some characteristic(s) not available in similar existing cultivars. It is very worthwhile to have involved your camellia society's *Registration Advisory Committee* for about 3 years and to have exhibited your blooms at a number of camellia shows and meetings (in the *Unregistered Seedlings & Sports* class).

High quality (preferably high resolution digital) passport style photographs of the bloom and bush should accompany this form when completed, either on CD or be emailed to jimpowell5@yahoo.com.au. The completed form can be emailed or posted to Jim Powell, 5 Undola Rd, Helensburgh, NSW 2508.

Please complete, IN BLOCK LETTERS, as many of the following as you are able and willing.

You can answer many questions by circling the appropriate choice or by deleting the others.

This Microsoft Word version (.doc) can be completed and emailed, with photos attached.

1. Name & Address of Applicant: _____

- Email Address: _____ Phone: _____
2. Name & Address of Originator: As above / As follows _____

3. Proposed name for new cultivar: _____
4. Reason for choosing this name: _____

5. Have you checked that this name has not already been used for a cultivar? Yes / No
6. How many plants of this new cultivar exist? _____
7. What characteristic(s) make this a new/different cultivar? _____

8. During which year did this new cultivar first flower? _____
For how many years has it produced consistently "true-to-variety" blooms? _____
9. Brief details of any awards it has won at shows, etc.: _____

10. Origin of original plant:
 - a. It was a sport from: _____
 - b. A chance seedling with neither parent known for certain
 - c. Seed Parent: _____
Pollen Parent (if definitely known): _____

THE PLANT:

11. Propagation method used: Cuttings / Grafting
12. Growth rate of plant on its own roots: Very Slow / Slow / Medium / Fast
13. Growth habit of plant: Upright / Spreading / Weeping / Ground-cover / Dwarf

14. Foliage: Sparse / Average / Dense

15. Growth conditions: Shade / Part shade / Will stand more sun / Full sun

16. Comment on any special features of the plant:

THE MATURE LEAF OF A MATURE PLANT:

17. Leaf form: Flat / Twisted / Curled / Keeled

18. Leaf surface: Glossy / Matt

19. Leaf colour: Light green / Yellowish green / Medium green / Olive green / Dark green

20. Leaf Shape: a. Oblong - somewhat parallel sides which rapidly taper toward the ends.
b. Elliptic - the greatest width is at the centre, tapering evenly toward both ends.
c. Ovate - egg shaped - the greatest width is closer to the stem than the tip.
d. Obovate - the greatest width is nearer the tip than the stem.

21. Leaf apex (tip): a. Obtuse - bluntly tipped.
b. Apiculate - leaf ends abruptly with a little sharp point.
c. Acute - quickly tapering to a short pointed tip.
d. Acuminate - tapering to a long pointed tip.
e. Caudate - drawn out into a long tail-like termination.

22. Leaf serration: a. Almost absent - smooth margin.
b. Dentate - symmetrical teeth pointed outwards.
c. Finely Dentate - smaller symmetrical teeth pointed outwards.
d. Serrate - teeth pointing towards tip of leaf.
e. Finely Serrate - smaller teeth pointing towards tip.
f. Doubly Serrate - smaller teeth on the larger teeth.
g. Crenate - rounded teeth.

23. Length of petiole (leaf stalk): ____ mm

24. Leaf dimensions: Average maximum length = ____ mm ; Average maximum width = ____ mm

25. Other special leaf characteristics (e.g. venation, variegation, fishtail, colour of new leaves, etc.):

THE FLOWER:

26. Flower form: a. Single - a maximum of 8 petals in a single row, with a central cluster of stamens.
b. Semi-double - 2 or more rows of petals, with central cluster of stamens.
c. Formal double - any number of petals, regularly disposed; no visible stamens.
d. Elegans form - 1 or more rows of large outer petals; a central convex mass of intermingled petaloids & stamens.
e. Informal double - a double with any number of petals & petaloids; stamens may or may not be visible.

27. If a single or semi-double, are petaloids &/or "flagged anthers" present? Rarely / Occasionally / Often / Usually

28. If a semi-double or formal double, how many rows of petals are there?

29. Abundance of flowers: Very free flowering / Free flowering / Average / Sparse

Page 3 of 3

30. Length of flowering season:

From very early / early / mid / late / very late to early / mid / late / very late

31. Typical range in flower size:

Diameter = from — mm to — mm: Height = from — mm to — mm

32. Petal/flower colour(s) (Use traditional names for colours & include any margination & stippling):

33. Character of petals: Notched / Folded / Fluted / Crinkled / Wavy / Stand apart / Open flat / Cupped

34. Number of petals in typical bloom = ___ or From to ___

35. Arrangement of stamens: Column / Flared column / Ring / In groups / Few / None / Higo

Please describe any other arrangement: _____

36. Colour of stamen filaments: White / Cream / Yellow / Pink / Red / Other _____

37. Behaviour of spent flowers: Shatters / Falls whole / Remains on bush

38. Other special characteristics of flower (e.g. fragrant, etc.) _____

39. Seed production: Freely / Occasionally / Rarely / Never

40. Seed pods: Round / Elliptical / Pear shaped // Small / Medium / Large / Very Large

41. The seeds: Small / Medium / Large

42. Mention anything special about the seed pods or seeds? _____

43. Is there any other special feature which would help to identify this cultivar? _____

DISTRIBUTION:

44. What steps have you taken to ensure the propagation and distribution of your new cultivar? _____

45. Have you contacted Graeme Oke about sending him cuttings
from which to propagate and distribute this new cultivar? Yes / No

46. Do you wish to send him material to propagate this new cultivar to ensure its survival? Yes / No

47. Any other comment you wish to make: _____

Signature of Applicant _____ Date _____

Recommendation of Registration Advisory Committee _____

Signature for Committee _____ Date _____