

Horticultural Award Application (H.A.P.)

PARTICIPANT'S NAME	PHONE NUMBER
ADDRESS	
Plant Name - Botanical	
Common name or Code #	
Reference Material	Method of reproduction: (runner, seed, cuttings, plantlets,
Book Title	rhizome, etc.)
Author	
Page No.	
Size of Aquarium/Pond	Established how long
Type of Lighting - Fluorescent Incand	escent Duration
Type of bulb	Colour of bulb
Temperature of Tank How maintained:	Heater Room temperature
Fish present and Type:	
Water conditions (pH, hardness, etc.)	
	Duration:
Snails present: 🗆 Yes 🗆 No 🏻 Type of snail	
Algae present: 🗆 Yes 🗆 No Colour	
Water changes % Freque	ncy
Water additives used: (fertilizers, medications, etc.)	
Substrate material used: \Box Gravel	SizeColour
☐ Sand Size	Colour
☐ Other Specify	
Was plant potted?: \square Yes \square No (If yes, give par	ticulars. e.g type of soil, pot size, etc Be specific)
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Date of propagation (THIS MAY BE A PERIOD OF TIME)	
Did your plant flower? (IF APPLIC ABLE) \square Yes \square No	(MUST BE VERIFIED)
Additional comments: (observations or facts not noted	above)
PARTICIPANT'S SIGNATURE	DATE
A.H.A.P. REP. SIGNATURE	DATE
CLASS ASSIGNED	POINTS AWARDED
PLANT DONATED FOR AUCTION YES NO	