

HOLLY SOCIETY OF AMERICA

Nationwide Holly Test Distributed _____

Cultivar Name: *Ilex* _____

HSA Registration:

Plants by:

Cooperator : Name _____

Address _____

City _____ State _____ Zip Code _____ Email address _____

USDA Hardiness Zone _____

Test Planting:

Location (if different from above) _____

First winter: In the ground?

Protection?

Greenhouse?

Cold frame?

Other?

Is the plant alive?

If not, why do you think it died?

Site Characteristics: (Exposure to wind, sun, etc.) _____

Please include deer damage, disease, insects, blooming time, growth rate and pollinators as well as other relevant information in the following (add information on another page if necessary):

Date Planted:

Soil Type: (ex: clay, loam, sandy, other)

Elevation:

Mulch type

Depth of Mulch:

First Year Observations: (lowest temperature, hottest temperature, fertilization, watering, etc.; (Please use another page if necessary)

Please make a copy of this data sheet and send to:

Ann Farnham
Holly Society of America
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West Trenton, NJ 08628

or FAX (609) 883 2543
or Email lafarnham@verizon.net