



The Hardy Plant Society/Mid-Atlantic Group

2011-2012 Seed Exchange Donation Form

This is an Adobe Acrobat form. Press the "Print Form" button to print a blank or completed form for mailing. Please fill out, either manually or electronically, the Names section below for each seed variety that you donate. Filling out the remaining sections is optional, but we appreciate any information you can provide.

If you prefer to submit your donation forms electronically, please print a copy for your records before submission by pressing the "Print Form" button, followed by the "Submit Electronically" button. If you are on a Macintosh, you must open this file within Safari browser. You will receive a message upon successful transmission.

Return copies with/without seed to:

Lynn Cherry
927 Black Rock Road
Gladwyne, PA 19035

Deadline for seed donation forms: October 31, 2011.

Deadline for donated seed: January 7, 2012.

Contact Lynn Cherry, 610-645-0757 or SeedDonation@hardyplant.org, if you have any questions.

Names

Donor Last Name:	Genus:	Donor Code (Filled-in by HPS/MAG):
_____	_____	_____
Donor First Name:	Specific Epithet:	Plant Code (Filled-in by HPS/MAG):
_____	_____	_____
Donor E-mail Address:	Additional Botanical Name:	
_____	_____	
Donor Phone Number:	Common Name(s):	
_____	_____	

Description

Bloom Color: _____

Donor Comments in 20 words or less:

Germination

Pretreatment	Need	Days	Light	Need
CMS: Cold moist stratify for noted time	<input type="checkbox"/>	_____	BC: Barely cover seed	<input type="checkbox"/>
Frz: Freeze for noted time	<input type="checkbox"/>	_____	D: Requires darkness for germination	<input type="checkbox"/>
Scfy: Scarify; nick, chip, or file seed coat	<input type="checkbox"/>	_____	L: Light needed, do not cover seed	<input type="checkbox"/>
Soak: Soak in water for noted time	<input type="checkbox"/>	_____	SS: Surface sow	<input type="checkbox"/>
WMS: Warm moist stratify for noted time	<input type="checkbox"/>	_____		
Cycle: Alternate cold and warm periods	<input type="checkbox"/>	_____	Time	Days
Cycle Sequence if any required: _____			Maximum germination time	_____
Temperature	Need		Special Notes	Need
BH: Bottom heat soil, 70-80°F	<input type="checkbox"/>		NST: No special treatment	<input type="checkbox"/>
C: Cool, about 50-60°F	<input type="checkbox"/>		SIS: Sow in situ	<input type="checkbox"/>
R: Refrigerate after sowing, 40-45°F	<input type="checkbox"/>		RTp: Resents transplanting	<input type="checkbox"/>
OW: Sow pots, then overwinter outdoors	<input type="checkbox"/>		SR: Store seeds dry in refrigerator	<input type="checkbox"/>
W: Room temperature, 65-70°F	<input type="checkbox"/>			

Other Comments
