

## CONSULTING ROSARIAN ANNUAL REPORT FORM

**Note: All CRs are required to fill out and submit a report form each year to remain on the active list.  
If your District does not have its own form, please use this one.  
Please return this form to your District CR Chairman by February 1<sup>st</sup>**

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Name \_\_\_\_\_ Report Date \_\_\_\_\_

Address \_\_\_\_\_ Local Society \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Year Appointed CR \_\_\_\_\_

E-mail Address \_\_\_\_\_

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### CURRENT YEAR CR ACTIVITIES

Completed Roses in Review Form? Yes \_\_\_\_\_ No \_\_\_\_\_ (Required for all CRs)

ARS Members recruited \_\_\_\_\_ Clubs Organized \_\_\_\_\_ Programs Presented \_\_\_\_\_

Articles Published \_\_\_\_\_ Rose Consultations \_\_\_\_\_

Meetings Attended – Local \_\_\_\_\_ District \_\_\_\_\_ National \_\_\_\_\_

Attended CR School or Seminar at \_\_\_\_\_

Titles of Offices Held \_\_\_\_\_

Number of Roses Grown HT \_\_\_\_\_ GR \_\_\_\_\_ FL \_\_\_\_\_ CL \_\_\_\_\_ Mini \_\_\_\_\_

Shrubs \_\_\_\_\_ OGR \_\_\_\_\_ Total \_\_\_\_\_ Growing Zone (Use the USDA 10 Zone Map) \_\_\_\_\_

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### MOST COMMON ROSE RECOMMENDATIONS (GARDEN) LIST VARIETY

1 2 3 4 5

HT/GR \_\_\_\_\_

FL \_\_\_\_\_

CL \_\_\_\_\_

MINI SHRUBS \_\_\_\_\_

OGRs \_\_\_\_\_

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**MOST COMMON ROSE RECOMMENDATIONS (EXHIBITION) LIST VARIETY**

1 2 3 4 5

HT/GR \_\_\_\_\_

FL \_\_\_\_\_

CL \_\_\_\_\_

MINI \_\_\_\_\_

SHRUBS \_\_\_\_\_

OGRs \_\_\_\_\_

**YOUR RECOMMENDED CULTURAL PRACTICES**

Fertilizing Program \_\_\_\_\_

Sprayers \_\_\_\_\_

Water System \_\_\_\_\_

Winter Protection \_\_\_\_\_

\_\_\_\_\_

Mulch \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**PEST CONTROL RECOMMENDATIONS (USE PESTICIDES APPROVED FOR USE ON ROSES)**

**PESTICIDE** \_\_\_\_\_

**OTHER RECOMMENDATIONS**

Insects \_\_\_\_\_

Mites \_\_\_\_\_

Mildew-Powdery \_\_\_\_\_

Mildew-Downy \_\_\_\_\_

Rust \_\_\_\_\_

Blackspot \_\_\_\_\_

Other Fungus \_\_\_\_\_

Other-Specify \_\_\_\_\_

**YOUR BEST SUGGESTION(S) ON HOW A CR CAN BE MORE EFFECTIVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_