

Milwaukee Aquarium Society Horticulture Awards Program Aquatic Plant Propagation Report

Propagation Report Flowering Report

Fill out as much information as possible. Put N/A in any blanks.

Member# _____ Date _____
Name _____
Plant Name (scientific): _____
Plant Name (common): _____
Publication Cited for Identification: _____
Type of Reproduction: _____
Class type (A, B, C, or D): _____

Comments not covered above: _____

By signing below, you agree that all requirements as outlined in the Horticulture Award Program general rules and verification criteria have been met, including the submission of an article for class C and D criteria.

Members signature: _____ Date: _____
HAP verifiers Signature: _____ Date: _____

Points awarded _____ Article points _____ (non C or D)

Submission of this form and acceptance by the HAP chairperson becomes the property of the Milwaukee Aquarium Society and may be archived and publicly viewed at any time.
