

KWAS Horticultural Awards Program (HAP)

PLANT PROPAGATION RECORD

Horticulturist's Name : _____ Date : _____

Address: _____ Phone: _____

Species Family Latin name: _____

Species Family Common name: _____

Method of propagation: _____

Propagation Conditions:

Water conditions : Temperature _____ °C _____ °F, pH _____ GH _____ KH _____

Type of filtration : _____

Tank size : L _____ x W _____ x H _____ = _____ Gallons or _____ Litres

Lighting : Total wattage _____ Brightness(lux) _____ Photoperiod _____ hrs/day

Type of light : Incandescent ___ Fluorescent ___ Halogen ___ Mercury vapour ___ Metal halide

Planting medium : _____ Depth _____

Fertilization : CO2 _____ Substrate _____ Liquid _____

Additional Information :

I certify that the above mentioned species has been propagated according to the KWAS Horticultural Award Program rules.

Horticulturist's signature _____

Inspection record :

1st Inspection date _____ 2nd Inspection date _____

Inspector (print name) _____ Inspector (print name) _____

Inspector's Signature _____ Inspector's Signature _____

Plant size _____ Plant size _____

Comments _____ Comments _____

Points to be awarded for _____

Article submitted _____ Plant auctioned _____

Class: _____ # of points awarded: _____ Certificate presented on: _____

HAP chairman _____ Date : _____