American Hemerocallis Society
Display Garden Evaluation Form

Garden Name: ____________________________________________________________

Garden Owner: __________________________________________________________

Reviewer Name: _________________________________________________________

Date of Visit: __________________________________________________________

General Garden Appearance: The garden should be well maintained and relatively free of weeds. The growing conditions and culture should show daylilies to their maximum potential. Place a check mark beside the overall appearance of the garden:

Excellent ____ Good ____ Fair ____ Poor_____

Comments:

Diversity of Collection: Although an assortment of daylily forms is desired for a display garden, it is not required. How are the following daylily types represented? (Use the following designations: None - Few - Balanced - Many – Predominate)

__________ Extra-Large
__________ Large
__________ Small
__________ Miniature
__________ Doubles
__________ Sculpted
__________ Spiders
__________ Unusual Forms
__________ Polymerous
__________ Tetraploids
__________ Diploids
For AHS Historic Daylily Display Gardens, it is recommended that the garden contain a minimum of 50-100 historic daylily cultivars and species. Historic daylilies are defined as all daylily species plus daylily cultivars registered with the AHS on or before 1980. Approximate number of cultivars registered before 1980: ________________

**Plant labels:** Labels should be maintained in good condition, with the name of both the cultivar and the hybridizer showing clearly. Date of registration is optional but must be included on the plant label for historic daylilies.

Place a check mark beside all of the following about the plant labels that apply:

- __________ Names clear and easy to read
- __________ Hybridizer name present
- __________ Registration date present
- __________ Labels visible
- __________ Positioned to clearly identify a particular plant
- __________ Cultivars identified correctly

**Accessibility:**

Place a check mark beside all of the following that apply:

- __________ Is garden open to the public during bloom season?
- __________ Is garden location accessible?
- __________ Are garden paths safe?

**Inspector recommendations:**

Approval __________

Conditional approval __________

Not recommended __________

Comments:

Upon completion, please scan and email or mail evaluation form to the current AHS Display Garden Chair, displaygardens@daylilies.org
Melodye Campbell
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Fairport, NY 14450