

ROSES IN REVIEW RATING EVALUATION SHEET

Please use this evaluation form for rating your roses unless you are using the web site approach. You may photocopy this page. **COMPLETED FORMS SHOULD BE IN THE HANDS OF YOUR DISTRICT RIR COORDINATOR BY SEPT. 26, 2021.** Please fill out the forms as completely as possible, including any comments that will help us understand the performance of the roses.

**IMPORTANT: LIST ALL VARIETIES IN THE ORDER THEY APPEAR ON THE FOLLOWING PAGES.
FIRST SORT BY CLASS, THEN ALPHABETICALLY WITHIN EACH CLASS.**

Name #1 & Address: _____ CR? Y() N()

Name #2 & Address: _____ CR? Y() N()

E-mail: _____ Do you spray regularly? Y() N() Do you exhibit? Y() N()

List unusual conditions, if any _____ Local Rose Society _____

() I (we) don't grow any of the roses listed.

Cultivar	Class	No. of Plants	Years Grown	Garden Rating	Winter Hardy?	Height	Blackspot Mildew		Fragrance
					() Yes () Borderline () No () Don't Know	() Tall () Medium () Short	None () Slight () Moderate () Severe ()	() () () ()	() () () ()
				Exhib. Rating					
What do you particularly like or dislike about this cultivar?									

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What do you particularly like or dislike about this cultivar?									