CONSULTING ROSARIAN ANNUAL REPORT

DEEP SOUTH DISTRICT

All CRs are required to fill out and submit this form to remain on the active list.

Name:	Date:
Address:	
City/State/Zip:	
Phone:	
E-mail:	
Rose society or club:	
Titles of offices held or committees cha	ired this year?
Year you were appointed a Consulting I	Rosarian?
ARS Membership current? Yes	No
Date and location of last Consulting Ro	sarian School attended/audited:
Date and location of attendance at an ap	proved Consulting Rosarian Seminar:
Did you attend any District or National	convention? If so, please list:
Did you submit the <u>mandatory</u> R. I. R.	report? Yes No
If no, please explain why not:	
Did you complete and submit the Annua	al CR Report last year? Yes: No:
List rose related programs you presented	d this year:
Did you write any articles pertaining to	rose culture this year? Please list publications and
dates:	
·	ere involved in as a CR this year. List by activity

What, if any, pesticides did you use in your garden and your assessment of their effectiveness against which diseases, insects, mites, etc:		
•	w garden products that helped you grow better roses and your effectiveness, etc.:	
Please list new rose	s grown this year & how well they did:	
-	embers for your Local Society or the ARS did you recruit? Please list	
	able goal for you to accomplish in the coming year (e.g., giving roserograms for garden clubs, writing articles, etc.):	
	suggestions on how to make the CR Program more effective and	
•	ag an active CR is too demanding and stressful, would you consider a Emeritus? Please state your reason why or why not:	
	Report to be submitted to:	
Due Date: _	February 1	
A 11	Ralph Stream, District CR Chair	
Address:	21465 NW 39 th Terr Micanopy, FL 32667	
Phone:	<u>Micanopy, FL 32667</u> 352-591-4474	
E-mail:	streamj@gmail.com	

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