

Application
Directory of Iris Gardens
(Please Print)

Your name:

Address:

City: State: Zip:

Phone No. (including area code):

Garden Name (if any):

Garden Address if different from above:	Email Address:
Nearest major city:	No. of Iris varieties grown:
Should visitors call before coming? Yes_ No_	Do you grow Guest seedlings? Yes_ No_
Best hours to call:	Are your Iris grown in beds_ rows_ or both_ ?
What is the approximate peak bloom period for your garden?	Are you a Hybridizer? Yes_ No_
No. of irises you have that were introduced since '92, from hybridizers eligible for awards:	Do you have mud free paths? Yes_ No_
Time of year and hours that your Garden is open to visitors:	Is a Bathroom Available? Yes_ No_
Do you sell commercially? Yes_ No_	
Do you have a Catalog/Price List Available? Yes_ No_	Webpage Address (if you have one):

Detailed directions to garden:

Please mail completed application to:
Stephen Barotta
5200 Lake Crest Dr.
McKinney, TX 75071