

Name: _____										City, State: _____										Plant Zone: _____										Page: _____										
Email: _____										E (1-10 of the month)/M (11-20)/L (21-31 of the month)																														
All TBs unless noted										1st Frost _____										JUL			AUG			SEP			OCT			NOV			DEC					
All are rebloomers.										Hybridizer										Year			E	M	L	E	M	L	E	M	L	E	M	L	E	M	L	E	M	L
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