

Missouri Aquarium Society, Inc Horticultural Award Program (HAP)

Name _____ Date _____

Scientific name: _____

Common name/ variety: _____

Publication cited for identification and page number: _____

Type of Propagation: Vegetative Bloom Seed (see rules for definition)

Growing conditions:

Water – pH _____ Hardness _____ Temperature _____ ° F
Water changes done? _____ Frequency _____

Substrate: Sand Gravel Gravelw/laterite Flourite
EcoComplete Aquatic plant soil mud clay soil
Other _____

Lighting: Incandescent Metal Halide
Fluorescent T- 12 T-8 T- 5 Power Compact
LED Natural sunlight

Fertilizer: Liquid (type) _____
Tablet (type) _____
Frequency of use _____

CO2 added? Yes No

Fish in container? Yes No Snails? Yes No Other Inverts?
Yes No Types _____

HAPC Official Use

Observed Date _____ Class _____ Points _____ Total points _____
(_____ bags donated for auction – only required for Vegetative credit)

Family: _____ MO BOT verified? _____

Article submitted (optional, except as required in the rules) _____ Pub. Date _____

Home inspection date (if required) _____ by _____

HAP Level (if changed) _____

Certified by: _____

Use back for additional comments or to attach photos