



American Orchid Society
10901 Old Cutler Road
Coral Gables, FL 33156
(305) 740-2010, Fax (305) 740-2011

Award Number: _____
Provisional: _____
Place/Show: _____ **Date:** _____
Plant _____
Clonal name: _____
Parentage: _____
X _____
Comments: _____

Previous Awards received by this plant: _____
 Has plant been submitted previously for AOS judging on the same inflorescence? Yes__ No__

All entries are subject to Rules and Regulations as outlined in the Handbook of Judging and Exhibition, published by the American Orchid Society.

Measurements in centimeters	Widths, cm.	Length, cm.
Natural Spread:	Horiz	Vert
Dorsal Sepal:		
Petal:		
Lateral Sepal (Synsepal)		
Lip (Pouch)		

Description: beginning with the number of flowers and buds and inflorescence

Certificate

Award: _____ and Score _____ points
 Chairman's Name _____
 Chairman's Signature _____
 Photographer _____
 Exhibitor Name and Address _____

Phone # _____
 email: _____