

## **American Orchid Society**

P.O. Box 565477 Miami, FL 33256-5477

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Award Number:	Provisional	
Event:		Date:
Plant		
Clonal Name:		
Parent 1		
Parent 2		

Measurement in centimeters	Width/Horizontal	Length/Vertical
Natural Spread		
Dorsal Sepal		
Petal		
Lateral Sepals/Synsepal		
Lip/Pouch		
Plant		
Inflorescence	X	

Description: Begin with the number of flowers, buds, and inflorescences



Award: Score points

Chairman's Name

Chairman's Signature

Photographer:

**Exhibitor Name and Address** 

**Email Address** 

Phone#