



American Orchid Society

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

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THEAOS@aos.org

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#