

AMERICAN ORCHID SOCIETY Award Form



American Orchid Society
10901 Old Cutler Road
Coral Gables, FL 33156
305.740.2010 F 305.747.7154

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

Previous awards received by this plant: _____

Has this plant been submitted 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	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



PLACE
AWARD
SEAL
HERE

Award: _____ Score: _____ Points

Chairman's Name: _____

Chairman's Signature: _____

Photographer: _____

Exhibitor information

Name: _____

Address: _____

Phone: _____

Email: _____