

AMERICAN ORCHID SOCIETY Award Form

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



American Orchid Society
10901 Old Cutler Road
Coral Gables, FL 33156
305.740.2010 F 305.740.2011



**PLACE
AWARD
SEAL
HERE**

Award: _____ Score: _____ Points

Chairman's Name: _____

Chairman's Signature: _____

Photographer: _____

Exhibitor information

Name: _____

Address: _____

Phone: _____

email: _____