

Award Form



American Orchid Society  
Fairchild Tropical Botanic Garden  
10901 Old Cutler Road  
Coral Gables, FL 33156  
Phone: (305) 740.2010  
Fax: (305) 740.2011  
Email: TheAOS@aos.org

**Award #:**

**Place:**

**Date:**

**Name of Plant:**

**Clonal Name:**

**Parentage:**

X

**Comments:**

**Previous Awards received by this plant:**

**Has plant been submitted previously for AOS judging of the same Inflorescence? Yes: No:**

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

	Width in CM.		Length in CM.
Natural Spread	Horiz	Vert	
Dorsal Sepal			
Petal			
Lateral Sepal (Syns.)			
Lip (Pouch)			

**Description: beginning with number of flowers, buds and inflorescence**

**INSTRUCTIONS:** After completing this form,

1. On the Main Menu, click File

2. Select, Save As

3. At the Save As dialog box, change the File Name

For efficiency, use the Award number for the File Name, Example:  
20110000.pdf

Check the Save to box to ensure that you save to the appropriate drive.

4. Click, Save To Print, on the Main Menu, Click Print, Click OK

Award Score

Chairman's Signature:

Exhibitor Address:

Phone No:

Email: