

Plant ID No. (Leave Blank): _____

Plant Registration Form

Display where plant is located _____

Date _____ Place Santa Barbara, California

Name of Show: Santa Barbara International Orchid Show

Judging Requested: Ribbon _____ AOS _____ CSA _____

Class _____ Section _____

Genus and Plant Name _____

Varietal/Clonal Name _____

Parentage (AOS & CSA ONLY) _____

X _____

Previous Awards received by this plant (AOS/CSA Only) _____

Name of Exhibitor _____

Street _____

City _____ Zip _____

Phone No. _____

E-mail _____