

Plant ID Number _____
(Leave blank; assigned by plant registrar)

Plant Registration Form

Display/Exhibit # where plant is located _____

Date _____ Place Santa Barbara, California

Name of Show Santa Barbara International Orchid Show

Judging Requested: Ribbon _____ AOS _____

Class _____ Section _____

Genus and Plant Name _____

Varietal/Clonal Name _____

Parentage (for AOS only) _____

X _____

Previous Awards received by this plant _____
(for AOS only)

Name of Exhibitor _____

Street _____

City, State, Zip _____

Phone Number _____

E-mail _____