

Orchids Growers' Guild
Madison, Wisconsin

Please Complete Both Sides of Form

Date: _____

Complete Name of Plant:

Growing Conditions:

_____ Greenhouse
_____ Windowsill/Lights

Award:

_____ 1st _____ 2nd _____ 3rd

Cut along dotted line



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Exhibitor's Name:

Please indicate how long you have been growing orchids:

Category	Years Growing Orchids
_____ 0	3 years or Less
_____ 1	>3-5 years
_____ 2	6-10 years
_____ 3	more than 10 years

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Fold here placing right side underneath so name is not visible

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