Orchids Growers' Guild Madison, Wisconsin

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Please Complete Both Sides of Form

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Date:	Date:		
Complete Name of Plant:	Complete Name of Plant:		
Growing Conditions: GreenhouseWindowsill/Lights	Growing Conditions: Greenhouse Windowsill/Lights		
Award:	Award:		
1 st 2 nd 3rd	1 st 2 nd 3rd		
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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		Please indicate how long you have been growing orchids: Category Years Growing Orchids 0 3 years or Less1 >3-5 years2 6-10 years3 more than 10 years	
Please indicate how orchids: Category 0 1 2 3	Y long you have been growing Years Growing Orchids 3 years or Less >3-5 years 6-10 years more than 10 years	Please indicate horonomic orchids: Category 0 12	w long you have been growing Years Growing Orchids 3 years or Less >3-5 years 6-10 years more than 10 years