

Orchids Growers' Guild  
Madison, Wisconsin

Please Complete Both Sides of Form

Date: \_\_\_\_\_

Complete Name of Plant:

\_\_\_\_\_  
\_\_\_\_\_

Growing Conditions:

\_\_\_\_\_ Greenhouse  
\_\_\_\_\_ Windowsill/Lights

**Award:**

\_\_\_\_\_ 1<sup>st</sup>    \_\_\_\_\_ 2<sup>nd</sup>    \_\_\_\_\_ 3<sup>rd</sup>

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**Exhibitor's Name:**

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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

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