

Gainesville Orchid Society Show
PLANT REGISTRATION FORM
(Please PRINT)

Name: _____ Exhibitor #: _____

Address: _____

City, State, Zip: _____

Class #: _____ Plant #: _____ Exhibitor #: _____ Space #: _____

Plant

Name: _____

Pod Parent: _____

Pollen Parent: _____

Class #: _____ Plant #: _____ Exhibitor #: _____ Space #: _____

Plant

Name: _____

Pod Parent: _____

Pollen Parent: _____

Class #: _____ Plant #: _____ Exhibitor #: _____ Space #: _____

Plant

Name: _____

Pod Parent: _____

Pollen Parent: _____

Class #: _____ Plant #: _____ Exhibitor #: _____ Space #: _____

Plant

Name: _____

Pod Parent: _____

Pollen Parent: _____

Use a **separate sheet** for each grower. Please **PRINT clearly**. The person entering the information may not be familiar with orchid nomenclature and spelling so **it is important to correctly enter the plant's name and/or parents**. Entries without this information will not be entered, and form will be returned to you. You will be asked to resubmit the form with corrected information for the plant(s) to be entered.

Thank you! We appreciate your help!