



REQUEST FOR AWARD CONSIDERATION

OWNER'S NAME	
OWNER'S ADDRESS	
OWNER'S TELEPHONE	
OWNER'S EMAIL ADDRESS	
ORCHID 1 – FULL NAME (PLEASE INCLUDE GENUS, GREX & CULTIVAR NAMES)	
ORCHID 2 – FULL NAME (PLEASE INCLUDE GENUS, GREX & CULTIVAR NAMES)	
ORCHID 3 – FULL NAME (PLEASE INCLUDE GENUS, GREX & CULTIVAR NAMES)	
ORCHID 4 – FULL NAME (PLEASE INCLUDE GENUS, GREX & CULTIVAR NAMES)	
VENUE FOR JUDGING (PLEASE SPECIFY THE ORCHID SOCIETY AND EVENT AT WHICH YOU WOULD LIKE THE JUDGING TO OCCUR – E.G. 'MAROONDAH ORCHID SOCIETY SPRING SHOW')	

SIGNATURE	
DATE	