

## Orchid Show Entry Form

<b>Exhibitor #</b>	<b>Name</b>		
<b>Address</b>		<b>City/Country/State &amp; Postal Code</b>	<b>Phone</b>

Class	Entry	Space	Plant Name		
			Pod Parent		Size
			Pollen Parent		Color
Class	Entry	Space	Plant Name		
			Pod Parent		Size
			Pollen Parent		Color
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**Please type or write distinctly**