

Place Plant
label here

Plant Registration Form (Please Print)

Exhibitor: _____

Date: October 2, 2021

Location: 2200 Belfield Blvd., Landers, CA.

Name of Show: **Morongo Basin Orchid Festival**

Class: _____ Section: _____

Genus and Plant Name: _____

Varietal/Clonal Name: _____

Parentage (**AOS & CSA ONLY**) _____

X _____

Previous Awards received by this plant (AOS & CSA ONLY) _____

Name of Exhibitor: _____

Street: _____

City: _____ Zip _____

Phone No. _____

E-Mail _____