ORCHID COUNCIL OF NEW ZEALAND INC COMMITTEE ON AWARDS FORM 4 - AWARD APPLICATION (2021 edition)

Points:	Rec. Award	COA No:		
		/		

Owner's Details			PLANT				
Name(s): (Use names as wanted on certificates)				Genus:			
Address:				Hybrid Grex or Species name:			
I grant permission to the OCNZ to use the plant name and photograph for its purposes and publications and confirm that the plant and owner details as shown on this form are correct:			Cultivar (if hybrid): Varietal name				
(Cultural only) I/we have owned the plant for years			(if species): Parentage:				
Signature:			X X				
Date:			RHS Registered □				
Owner's email add	ress:						
Place judged: Date judged:		udged:	Supplemental Region:				
Dimensions	Width (mm)	Length (mm)		Natural Spread	(mm)	Number of	
Dorsal Sepal			Across			Inflorescences	
Petals			Across	visible limits of flower		Flowers	
Ventral Sepals			Vertica	lly		Buds	
Lip/Pouch Lip/Pouch							
Full Description: (including colours – RHS or Gibbons codes)							
			sociate Judges /	Name of photographer:			
(Please indicate after	name if Senior (S) or Reserve (F	() Obs	servers Involved			
						I agree to the terms and	
				conditions in OCNZ Judging By Law 6.1.3.			
					Signat		
					Digital includ	Image ed:	
					Fee included: ***		
					Signed Judging Chairperson:		
					Signed Regional Chairperson:		
Notes:				Receiv	red:		
					Ratifie	d:	
Oliver d Obstances						cate Made:	
Signed Chairperson:					Certific	cate Sent	