

AUSTRALIAN ORCHID COUNCIL Inc.

Application Form for National Award

AOC Number
AOC Award

Region	NSW <input type="checkbox"/> ; Vic <input type="checkbox"/> ; SA <input type="checkbox"/> ; Qld <input type="checkbox"/> ; Tas <input type="checkbox"/> ; WA: <input type="checkbox"/> ; NT <input type="checkbox"/>		
Sub-Region (if applicable)	Sub Region.....		
Name of Applicant(s)			
Name of Plant			
Clonal or Cultivar Name			
Parentage			
<u>Date of award</u>	<u>Points Awarded</u>	<u>Regional Award</u>	<u>Regional Award No.</u>

Voting of Panel Judges:

FCC	AM	HCC	AD	ACE	ACM	ACC	CBM	ASR	N/A

Event: _____ Photographer: _____

DESCRIPTIVE DETAILS

THE PLANT

THE RELEVANT INFLORESCENCE

Total Number of Inflorescences: _____ **Number of Flowers on Relevant Inflorescence:** _____

Total Flower Count: _____ **Number of Buds on Relevant Inflorescence:** _____

Total Unopened Buds: _____ **Length of Relevant Inflorescence (mm):** _____

Other significant features and remarks: _____

SEGMENTAL DETAILS

Floral Segments	Length (mm)	Width (mm)	Colour of Flower (Brief description only) R.H.S. Colour Chart Numbers to be used
Overall Height & Width of Flower			
Petals			
Dorsal Sepal			
Ventral Sepal			
Labellum			

<u>Date of dispatch to Registrar General</u>	<u>Date of Dispatch to Regional Registrars</u>
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Australian Orchid Council

APPLICATION FOR AWARD JUDGING

THE REGISTRAR

I/We, hereby apply for an Award judging of my / our plant

Name of Plant _____

Clonal Name _____

OWNERS NAME: _____ SOCIETY MEMBERSHIP (for award delivery): _____

OWNERS ADDRESS: _____

Phone No: _____ Mobile No: _____ Email address: _____

DECLARATION

Grower Declaration

I/We declare that during the last 6 months or 2 years for a Cultural Certificate, the plant referred to above has been grown by me / us, or under my / our direction. I / We agree to abide by the relevant By-laws of the Society, and agree to the removal of a flower or flowers, as needed for imaging purposes. I also agree to pay for the selected awards as per the following schedule:

Signature: _____ (Owner) Date: _____

Fees

All awards except (Certificate of Botanical Merit)	\$31.50
Certificate of Botanical Merit	No Charge
Second award same plant same judging	\$10.00
Regional Panel charge	\$.18.50
Total Amount Payable	\$__50.00 for consistency across Australia

To be completed by the panel leader or person nominated by the Region Registrar:

DATE OF PAYMENT: _____ Total Paid: \$ _____ Receipt Number: _____

Photographer Declaration

I, _____ (Print full name of Person who created the image(s)) agree and acknowledge that:

- A. Copyright of all images taken by me of the awarded plant and/or parts of the awarded plant that are provided to the to the Australian Orchid Council (AOC), remains with the Australian Orchid Council, of which may use the images as they see fit.

I acknowledge, understand and accept the conditions of the above declaration:

Signed: _____ (Person taking the image(s)) Date: _____

For use of Regional Registrar or person delegated by the Regional Registrar only:

Details verified: RHS /KEW / This Form checked / AOC Requirements met

Signed: _Ian Chalmers_____(Registrar) Name: _Ian Chalmers_____ Date: _____