



The Orchid Societies Council of Victoria

Record Form for an OSCOV Award

Name of Applicant	
Address & Phone	
Sponsoring Club	
Name of Plant	
Clonal or Cultivar Name	
Parentage	

State Award	Points	Date	Reg. No.
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Description

Voting
 FCC _____ AM _____ HCC _____ CC _____ AD _____ CBM _____ AQ _____ NA _____

Segment Details	Colour of Flower		
Floral Segment	Length	Width	R.H.S. Colour Charts to be used.
Overall			
Petals			
Dorsal Sepals			
Ventral or Lower Sepals			
Labellum			

Seedling – Yes/No	Signature of Registrar
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