

Central Vancouver Island Orchid Society

Date: _____

Table Location No.: _____ **Organization:** _____

Exhibitor No.: _____ **Exhibitor Name:** _____

Address: _____

Phone No: _____

Email address: _____

Class: _____ **Plant Name:** _____

Class: _____ **Plant Name:** _____

Class: _____ **Plant Name:** _____

Class: _____ **Plant Name:** _____

Class: _____ **Plant Name:** _____

