

Monthly Show Table Information Form:

Plant Name:

Date:

Owner:

Source:

Culture: (check one or more)

Green House:

Lights:

Window sill:

Summer outside:

Other:

Potting Medium:

Bark:

Tree Fern:

Moss:

Mix:

Other:

Fertilizer:

Other details:

Description(20-20-20?):

Weekly:

Bi-weekly:

Monthly:

Other:

Please Complete Fully, Share Expertise

Southern Ontario Orchid Society