



American Hemerocallis Society Exhibition Judges Clinic Final Report

Region _____ Date of Clinic ____/____/____

Clinic Location: _____

Sponsoring Organization: _____

Chairman of Clinic (Name and E mail): _____

Clinic Instructors: [(Circle clinic(s) taught (I=1, II=2, III=3(refresher))

I II III _____

I II III _____

I II III _____

I II III _____

I II III _____

I II III _____

Clinic 2 Master Panel Members: (Circle status)

Senior Junior _____

Senior Junior _____

Senior Junior _____

Senior Junior _____

Senior Junior _____

Senior Junior _____

Students for Credit:

_____ Students in Clinic 1 @ \$5.00 \$ _____

_____ Students in Clinic 2 @ \$5.00 \$ _____

_____ Students in Clinic 3 (refresher) @ \$5.00 \$ _____

Subtotal for accreditation: \$ _____

Auditors:

_____ Auditors in Clinic 1 @ \$3.00 \$ _____

Total from Clinics: \$ _____

Instructions:

1. Insure each attendee is listed on a Clinic Registration sheet
2. Within 14 days of completion of your clinic, make a copy of all materials and send originals and a check (made out to American Hemerocallis Society, Inc.) to:

Debbie D. Smith
 10175 Tom Waller Rd.
 Grand Bay, AL 36541
 debsdaylilystuff@hughes.net