



AMERICAN HEMEROCALLIS SOCIETY

Application for Exhibition Judge Student-in-Training Status

Registration Number _____ Clinic Location _____

Name _____ Address _____

City _____ State _____ Zip _____

Region _____ Phone No. _____ E-mail _____

I certify that I have been an AHS member for the past 24 consecutive months prior to this clinic.
I understand that I must pay dues by January 1 annually to retain my certification.
I grow a representative collection of daylilies from at least ten hybridizers.
I own and have read the appropriate chapters of *Judging Daylilies* (2002 Edition).
I understand that I may not judge until I have received certification that I have passed both this clinic and Exhibition Judges Clinic II.

Your Signature _____ Date _____

AHS Exhibition Clinic I Evaluation

Please help AHS measure the effectiveness of this clinic by completing the following questionnaire.

Rating Values: 1 = Excellent 2 = Good 3 = Average 4 = Below Average 5 = Not Applicable or No Opinion

Circle One:

1 2 3 4 5 Rate your overall satisfaction with all aspects of the clinic: content, organization, and material.

1 2 3 4 5 Rate how well the clinic prepared you for this exam.

1 2 3 4 5 Rate the overall effectiveness of your instructors. Please consider: knowledge of the subject, quality of delivery, use of daylilies or props, class time and discussions.

Please provide comments on how this Clinic might be improved:
