AMERICAN HEMEROCALLIS SOCIETY
GARDEN JUDGES WORKSHOP
ATTENDANCE SHEET

Workshop 1 ____ Workshop 2 ____ Date ___/___/___

Sponsoring Organization _____ Regio n _____

Location _____ Garden _____
City and State

Workshop Chairman _____
Name and Address

Instructor (s) _____

Assistant (s) _____

Name Address	Amount Paid

Fee for Workshop Credit: $5.00 **Fee for Auditing: $3.00**

Revised 2006

Name Address	Amount Paid

Revised 2006