

**American Hemerocallis Society
Garden Judges Workshop Application**

Region ___ Date of workshop _____

Workshop Location _____ Workshop 1 ___ 2 ___
(City, State) (Check one)

Sponsoring Organization _____

Chairman of Workshop _____

Chairman's Postal Address _____

Chairman's E-Mail: _____

Chairman's Phone: _____

Lead Instructor: _____

Note: At least one accredited instructor is required, with as many assistants as desired.

Workshop 1 Number of students expected _____

Workshop 2 Number of students expected _____

Please return completed form to:

Michael Bouman

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St. Louis, MO 63130

(314) 725-1811

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