

**American Hemerocallis Society
Garden Judges Workshop Application**

Region ___ Date of workshop _____

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

Sponsoring Organization _____

Workshop Chair _____

Postal Address _____

E-Mail: _____

Phone: _____

Lead Instructor: _____

Additional Instructors: _____

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:

Gary M. Jones
AHS Garden Judge Workshop Expediter
40 Woodstock Meadows
Woodstock, CT 06281-2342

gardenworkshops@daylilies.org

Revised 2012