

# Deep South District Rose Judging School

**Arrangements:**

School - Friday, May 21, 2010  
 8:30 am – 5:00 pm  
Exam - Friday, May 21, 2010  
 7:00 pm – 9:30 pm

**Horticulture:**

School - Saturday, May 22, 2010  
 8:30 am – 5:00 pm  
Exam - Sunday, May 23, 2010  
 8:30 am – 12:00 Noon

**Location:** Holiday Inn and Suites, Lake City, FL

First Name(s) \_\_\_\_\_ Last Name \_\_\_\_\_

Rose Society \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Fees:**

<u>Fees:</u>	<u>Price</u>	<u>Number</u>	<u>Amount</u>
Arrangement School Registration (Includes Friday lunch)	\$50.00	_____	_____
Horticulture School Registration (Includes Saturday lunch)	\$50.00	_____	_____
<b>Registration for BOTH Arrangement AND Horticulture School</b>	<b>\$65.00</b>	_____	_____
Total Enclosed			_____

Make check payable to **DSD Judging School** and mail to Ed Easom, 18501 Turtle Drive, Lutz FL 33549 by **May 5, 2010**. Telephone 813-949-3931 [eeeasom@aol.com](mailto:eeeasom@aol.com)

Attendees taking either the Arrangement exam and/or the Horticulture exam must pay a fee of **\$10.00 for each exam**. Make check(s) payable to the **American Rose Society** and give them to either the Chairman of Horticulture Judges **or** Chairman of Arrangement Judges at the time of the examination.

For additional information contact:

**Jim Small**, Chairman of Horticulture Judges  
 407-628-3874, [jsmalljr@cfl.rr.com](mailto:jsmalljr@cfl.rr.com)

**Jim Harrell**, Chairman of Arrangement Judges  
 912-634-0323, [jim@fairmarsh.com](mailto:jim@fairmarsh.com)

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**Hotel Accommodations – Holiday Inn & Suites**

Room Rate is \$89.00 per night, plus tax, single or double.

Please make reservations directly with the hotel and specify ***Deep South District Judging School***.

213 N.W. Commerce Blvd., Lake City, FL 32025, **386-754-1411**

Location: Exit 427 off of I-75, south of I-10.

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Credit Card \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Non-Smoking \_\_\_\_\_ Smoking \_\_\_\_\_ Number of Beds \_\_\_\_\_ Handicap Requirements \_\_\_\_\_