

## Variety Test Information

Cooperator(s) Name:

Address:

Town, State, Zip Code:

County:

Precinct:

Location:

Phone Number:

Planting Date:

Planting Rate:

Row Width:

Row Length:

Number of Rows Planted:

Planting Pattern (every row, skip row, etc.):

Last years crop:

Irrigated: (Delete 1) Yes or No. Pre-water: (Delete 1) Yes or No

Soil Moisture at Planting:

Tillage System-minimum, conventional, or no till:

Soil type:

Soil pH:

Fertilizer: What was applied, amount and when.

Herbicide: What was applied, amount and when.

Insecticides: What was applied, amount and when.

Other Information: (Growth Regulators, Harvest Aids, etc.)

(On back of sheet draw plot plan)