Seed Genetics

Value. Knowledge. Performance. IT'S IN OUR GENETICS.

SOYBEAN YIELD CONTEST ENTRY FORM

Return completed form,

with a certified weigh ticket or photo of scale on a calibrated grain cart showing weight, to your seedsman or 9983 Jeffersonville-West Lancaster Road, PO Box 32, Jeffersonville, OH 43128 by Nov. 30. Questions: 740-505-6545 or jamesj@seedgeneticsdirect.com or seedsman.

PLEASE NOTE:

Grower Signature: __

- This form is SOLELY VALID for the Seed Genetics Direct Soybean Yield Contest. It is NOT VALID for, and does not constitute entry in, any other yield contest.
- SGD ENTRY DEADLINE is Nov. 30. To enter the SGD Soybean Yield Contest, grower must plant SGD soybeans and complete and return this form by Nov. 30.

ate:	CROWER	Seedsi R INFORMAT	nan Name: ION	
ame:				
ddress:				
lity:				County:
hone:		 nail:		
	PLANT AND G			
lant Date:	SGD Soybean Variety #: Planting Rate:		Rate:	
ow Space:	Tillage Practice: □ No	Practice: No Till Conventional Till Previous Year Crop:		
ield Irrigated? □ Yes □ No		one □ ProTEO	C S4 □ Ilevo □ CeraM	
CHEMICAL TYPE (inoculant, herbicide, insecticide, fungicide.)	PRODUCT NAME	RATE	HOW APPLIED	WHEN APPLIED (pre/post-emergence)
	HARVEST	ΓINFORMAT	ION	
arvest Date:				
	x Row Width: ÷ 43,560 = Area Harvested:			
est Weight:]	Pounds Harves	sted:	
	I tial check. If initial yield is ab unharvested area. Attach a c lbs harvested x (1 - % moistu	Recheck Yield: ove 95 bushels/o certified weigh ure as a decimal	e acre, call Seed Genetics D ticket or photo of calib) ÷ 52.2 ÷ acres harvest	rirect first (740-505-0073), then prated scale showing weight.
	ARVEST SUPERVISOR I			
farvest Supervisor Name:		Harvest Supervisor Phone:		
[arvest Supervisor Company:		_		
hereby certify the above information uties of a Harvest Supervisor accor				
arvest Supervisor Signature:				Date:
	GROWER CERTIFIC	CATION and	ACDEEMENT	

Date: