

APPLICATION FOR 2017 GEORGIA SOYBEAN PERFORMANCE TRIALS

_____ wishes to enter the following in the 2017 Georgia Soybean Variety Trials.
(Company)

Send applications and checks to:

John D. Gasset
University of GA - Griffin Campus
1109 Experiment Street
Griffin, GA 30223-1797

SHIP SEED TO: John Gasset
(UPS/FedEx University of Georgia
will deliver to Statewide Variety Testing at Envirotron
this address.) 1655 GA Hwy 16 West
Griffin, GA 30223

Tel: 770-228-7344
Cell: 770-296-8268
Fax: 770-412-4734
E-mail: gasset@uga.edu

APPLICATION, CHECK, AND SEED ARE DUE MARCH 4, 2017.

Fax 770-412-4734; gasset@uga.edu

Send 20 lb of seed of each variety

| ENTRY DESIGNATION ¹ | | | | | | | | | | Seed Treatment ⁵ : Yes / No If yes, must complete pg 2. | TEST SITES ⁶ (see map in instructions) | | |
|--------------------------------|-------|---------|-------------------|---------------------------|---|--|--|--|---|---|---|---------------------------|-----------------------------|
| Office Use Only | Brand | Variety | Mat. ² | Herb. Status ³ | Individual Characteristics ⁴ | | | | Indicate Specific Nematode/Disease Resistance | | MG5 (6 tests) \$700 | MG6 (6 tests) \$700 | MG7/8 (6 tests) \$700 |
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1. Enter brand name and variety name or number of each entry EXACTLY as it should be reported in the final report. **IF THE VARIETY DESIGNATION HAS CHANGED RECENTLY, PLEASE INDICATE THE OLD DESIGNATION IN PARENTHESES.**
2. Indicate the maturity group of each entry; that is: 5, 6, or 7/8 (V, VI, VII & VIII).
3. Indicate whether the entry is herbicide resistant by specific chemical tolerance.
4. Indicate identifying colors: Flower color = white (W) or purple (P); Pubescence = tawny (Tw) or gray (G); Pod Wall = tan (T) or brown (B); Hilum = buff (B), brown (Br), black (Bl), or imperfect black (Ib).
5. If yes (seed has been treated), page 2 of application must be completed with requested information.
6. Place an X under each region or location you would like to enter your varieties. (Each X = 1 entry)

Please indicate below the name and address of individual to whom all correspondence concerning these entries should be directed. (If address to be listed as Source of Seed is different from address below, please e-mail that information to us.)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

Number of entries _____ x \$700 = \$ _____
Total due

Make all checks payable to:
University of Georgia, Dept. of Crop & Soil Sciences

How many copies of final report do you require: _____

Company

Fungicide/pesticide seed treatment for all soybean entries must be provided. Please complete the following.

| Office Use Only | ENTRY DESIGNATION (from page 1) | | Seed Treatment | | Always marketed with treatment? |
|-----------------|------------------------------------|---------|----------------|--------------------------------|---------------------------------|
| | Brand | Variety | Y/N | If yes, provide material used. | Y/N |
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Comments: