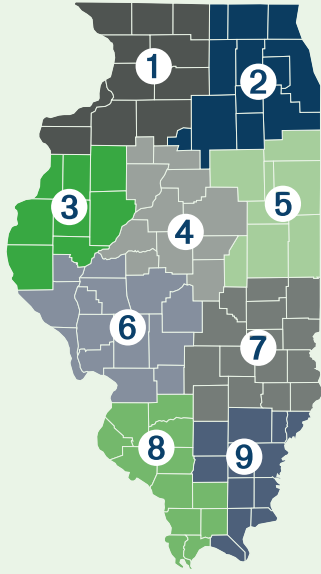


CROP DISTRICT (Check One)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9



DOUBLE CROP HARVEST FORM

This form must be completed on or before November 15.

Complete and submit this form electronically to YieldChallenge@ilsoy.org
(All fields are required)



ISA CHECKOFF PROGRAM

First Name _____ Last Name _____

Farm Name _____

Address _____

City _____ State _____ ZIP _____

County of Field Location _____

Phone _____ Email _____

Sponsor Name* _____

Sponsor Phone* _____ Sponsor Email* _____ **If applicable*

PLANTING INFORMATION

Seed Brand _____ Variety _____

Variety Maturity Group _____ Planting Date _____ Planting Population _____

Row Width (inches) _____ Irrigated YES NO

Previous Crop(s) (2015) _____ Previous Crop(s) (2016) _____

Seed Inoculant <input type="checkbox"/> YES <input type="checkbox"/> NO	Product: _____
Seed Fungicide <input type="checkbox"/> YES <input type="checkbox"/> NO	Product: _____
Seed Insecticide <input type="checkbox"/> YES <input type="checkbox"/> NO	Product: _____
Seed Nematicide <input type="checkbox"/> YES <input type="checkbox"/> NO	Product: _____
Other Seed Treatment Product <input type="checkbox"/> YES <input type="checkbox"/> NO	Product: _____

WEED CONTROL

Burndown Herbicide Used <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Pre-emerge Herbicide Used <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Post-emerge Herbicide Used <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____

FERTILITY

Fall Application <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Spring Application <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Starter or Pop-up <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Top Dress or Side Dress <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Foliar Application <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____
Manure Applied to Field <input type="checkbox"/> YES <input type="checkbox"/> NO	Product(s): _____

FOLIAR INSECT CONTROL

Foliar Insecticide Used

YES NO

Product(s): _____

FOLIAR DISEASE CONTROL

Foliar Fungicide Used

YES NO

Product(s): _____

TILLAGE PRACTICE

Strip Till or No Till

Fall

Spring

Fall + Spring

Please describe tillage practice: _____

CALCULATION OF HARVESTED ACRES *(2 acres harvest minimum)*

Harvest Date _____

1) Calculate harvest area: Length _____ x Width _____ ÷ 43,560 (ft²/acre) = _____ acres harvested

Example: 1000' x 105' ÷ 43,560 = 2.410 acres

2) Record lbs. of grain harvested at harvest moisture: _____ Example: 7,800 lbs

3) Correct for moisture: [(100 - _____ % harvest moisture)/(100-13%)] x lbs of grain harvested _____ = lbs of grain at 13% moisture

Example: 7,800 lbs of grain at 16% moisture

$[(100-16)/(100-13)] \times 7,800 \text{ lbs} = 7,531.034 \text{ lbs of grain at 13\% moisture}$

4) Lbs. of grain weighed _____ ÷ 60 lbs/bushel = _____ bushels

Example: 7,531.034 lbs ÷ 60 = 125.517 bushels

5) Bushels of grain _____ ÷ harvested area _____ = bushels per acre

Example: 125.517 bushels ÷ 2.410 acres = 52.08 bushels per acre

CERTIFICATION

Producer's Signature

Date

Phone

Name of Approved Verifier

Signature of Approved Verifier

Date

Phone