

APPLICATION FOR 2017 GEORGIA SORGHUM PERFORMANCE TRIALS

_____ wishes to enter the following in the 2017 Georgia Sorghum Variety Trials.

(Company)

APPLICATION, CHECK, AND SEED ARE DUE FEBRUARY 28, 2017.

Send **application** and **check** to: John Gasset
 Cell: 770-296-8268 Sanford Seed Laboratory
 Tel: 770-228-7344 Univ. of Georgia - Athens Campus
 Fax: 770-412-4734 1109 Experiment Street
 dday@uga.edu Athens, 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
 Athens, GA 30223

Office use only	HYBRID DESIGNATION ¹					TEST SITES ⁵ (see map in instructions)			
						Early-Planted		Late-Planted	
	Brand	Hybrid	Mat. ²	Seed Prot. ³	Insecticide ⁴	Reg. I Tifton Plains (\$180)	Reg. II Athens (\$90)	Reg. I Tifton Plains (\$180)	Reg. II Athens (\$90)
	Grain Sorghum Trials								
	Silage Sorghum Trials					Tifton (\$130)	Athens (\$90)		
	Forage Sorghum Trials⁶					Tifton (\$90)	Athens (\$90)		
	Forage Millet Trials⁷					Tifton (\$90)	Athens (\$90)		

1. Enter brand name and hybrid number of each entry **exactly** as it should be reported in the final report.
- NOTE: IF THE HYBRID DESIGNATION HAS CHANGED RECENTLY, PLEASE INDICATE THE OLD DESIGNATION IN PARENTHESES.**
2. Indicate the maturity class of each hybrid: E = Early, ME = Medium Early, M = Medium, ML = Medium Late, and L = Late.
3. Indicate the seed protectant used: C = Concept, S = Screen, or N = None.
4. Systematic insecticide used: Provide name or N = None.
5. Place an X under each region or location you would like to enter your hybrids. (Each X = 1 entry)
6. Indicate type in parentheses, that is: (SG x S) = sorghum x sudangrass, (S) = sudangrass, and (S x S) = sudangrass x sudangrass.
7. If dwarf type, indicate so by (df).

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

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

No. of entries at \$180 = _____ x \$180 = \$ _____
 No. of entries at \$130 = _____ x \$130 = \$ _____
 No. of entries at \$ 90 = _____ x \$ 90 = \$ _____

Total due \$ _____

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

How many copies of final report do you require? _____

