



2011 Wisconsin Soybean Yield Contest

Entry Deadline: August 1, 2011. \$75 per Entry

Entry Form

This form must be completed in full and signed. *Please read the 2011 Contest Rules before filling out this form.* If you have any questions, call Dr. Shawn Conley at (608) 262-7975.

1.	Name:		
	Farm/Company Name:		
	Address:		
	City:	State:	Zip:
	E Mail:	Home phone:	
	Cell phone:	Fax:	

2.	<p>If you have more than one entry in the contest, each entry must be entered on a separate entry form. Each entry should have a letter designation. Use a different <u>letter</u> designation for each entry. i.e. Entry A, Entry B, Entry C, etc. Note: You should keep a copy of your Entry Form for reference when completing your Harvest Form.</p>
	Entry designation:

3.	Class: Enter me in the following class (MUST CHECK ONE):	<input type="checkbox"/> (1) Non-Irrigated	<input type="checkbox"/> (2) Irrigated
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4.	Soybean Yield Contest Entry Fee: \$75 per entry by August 1, 2011	
	Total Amount Enclosed	\$

5.	Contest field must be in Wisconsin and a continuous plot of at least 10 acres of one soybean variety.		
	Plot Acreage	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased from (name) ⇒
	Date Planted	Rate (seeds per acre)	Row Spacing (Inches) Previous Year's Crop

6.	Variety name (LIST ONE VARIETY PER ENTRY):
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7.	Please list any seed treatments used (Ex: Acceleron, Cruiser Maxx):
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8.	Did you take a soil fertility test on the entry field?	<input type="checkbox"/> Yes, year taken ⇒	<input type="checkbox"/> No
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9.	Fungicides: If none were used, check box and skip section ⇒ <input type="checkbox"/>				
	Product Name	Rate of product/acre	(Circle one) lbs,oz,pts,qts,gal	How Applied (furrow, banded, broadcast, or seed treatment)	When Applied (preplant, at planting, pre- emergence, post-emergence)
			lbs,oz,pts,qts,gal		
			lbs,oz,pts,qts,gal		
			lbs,oz,pts,qts,gal		

10.	Herbicides: If none were used, check box and skip section ⇒ <input type="checkbox"/>				
	Product Name	Rate of product/acre	(Circle one) lbs,oz,pts,qts,gal	How Applied (banded or broadcast)	When Applied (preplant, at planting, pre- emergence, post-emergence)
			lbs,oz,pts,qts,gal		
			lbs,oz,pts,qts,gal		
			lbs,oz,pts,qts,gal		

11.	Insecticides: If none were used, check box and skip section ⇒ <input type="checkbox"/>				
	Product Name	Rate of product/acre	(Circle one) lbs,oz,pts,qts,gal	How Applied (furrow, banded, broadcast, or seed treatment)	When Applied (at planting, pre-emergence, post-emergence)
			lbs,oz,pts,qts,gal		
			lbs,oz,pts,qts,gal		
			lbs,oz,pts,qts,gal		

12. Supervisor Eligibility:

The WI Soybean Association will only approve supervisors meeting the following qualifications: FFA Advisor, Vocational Agricultural Instructor, County Extension Agent or Assistant, Natural Resources Conservation Service senior staff, Farm Service Agency CED/Loan Manager/Officer, Farm Credit Services Officer, Bank Ag Loan Officer, Private Crop Consultant, College of Agriculture Instructor, American Society of Farm Managers accredited farm manager, Crop Insurance Agents/Adjustors, or retired individual with listed job title. Also current Soybean Association Production & Stewardship and Grower Services Action Team members and WSA Board members are eligible. A supervisor cannot have financial or direct business ties to the entrant or a company that sells agribusiness supplies, i.e. totally independent nor employed by the entrant. Call Dr. Conley when unsure of your selected supervisor's qualifications.

In the space below, please PRINT information on two qualifying supervisors (We ask for two in case one is unavailable during or at harvest time). **The yield check must be completed by one of the identified supervisors** (refer to rule #4). Please call Dr. Conley prior to harvesting if your yield check will not be completed by the identified supervisors.

Name of Supervisor 1:		
Employed by:		
Job Title / Occupation:		
Address:		
City:		
State:	Zip Code:	County:
Business Phone (with Area Code):		
E-mail:		

Name of Supervisor 2:		
Employed by:		
Job Title / Occupation:		
Address:		
City:		
State:	Zip Code:	County:
Business Phone (with Area Code):		
E-mail:		

13. Incomplete entries may be disqualified.
14. WSA reserves the right to have a designated representative view and/or inspect, with prior notice, any field entered at any time. WSA also reserves the right to disqualify any entry in violation of the WSA State Contest Rules.
15. I hereby certify the above information given on this entry application to be accurate to the best of my knowledge and believe and agree that all Contest information provided by me pursuant to this Soybean Yield Contest shall be the property of the Wisconsin Soybean Association and can be used and distributed at the sole discretion of the Wisconsin Soybean Association.
Signature authorizes the release of contestant name, address, and planting and harvesting information to the media and public by WSA and industry partners. Participants must agree to this to enter contest.

Signature of entrant: _____ Date: _____

16. Send a check for the full amount made out to the *Wisconsin Soybean Association* and the completed *Entry Form* (white sheet) postmarked **NO LATER THAN August 1, 2011** to: Dr. Shawn P. Conley, 2011 Soybean Yield Contest, Department of Agronomy, 1575 Linden Drive, Madison, WI 53706.

DECISIONS OF THE WISCONSIN SOYBEAN ASSOCIATION CONTEST COMMITTEE ARE FINAL

White – UW Madison Copy
 Yellow – Grower Copy
 Pink – Yield Check Supervisor Copy