



# NEW YORK CORN & SOYBEAN GROWERS ASSOCIATION

**nycornsoy.org**

## **Soybean Yield Contest Harvest Report Form**

PLEASE PRINT

1. Name \_\_\_\_\_ Farm/Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Must be the same as reported on entry form).

County \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**You must harvest the same brand and variety you entered in the contest**

Variety (Company & Number): \_\_\_\_\_ Maturity Group: Group 1 Group 2

Field Location: \_\_\_\_\_ Town: \_\_\_\_\_ County: \_\_\_\_\_

Seed treatment: None Cruiser Acceleron Gaucho Planter box (hand treated) Other

Rhizobia inoculation: Yes No Inoculation type: Pre-Inoculation Dry Liquid

Previous crop: Corn Soybean Sm. Grain Other \_\_\_\_\_

Tillage: No-till Strip-till Min-till Conventional Speed-till

Planting equipment: Drill Corn planter

Calibrated planting equipment this year: Yes No

Seeding rate per acre (Plants per acre): \_\_\_\_\_

Row spacing: 7.5" 15" 30" Twin row

Planting date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nitrogen fertilizer at planting: Yes No Foliar fertilizer: Yes No

Brand Name of Herbicide(s): \_\_\_\_\_

Number of applications: \_\_\_\_\_

Foliar fungicide applied: Yes No Brand name of fungicide: \_\_\_\_\_

Diseases Observed: Brown Spot White mold Downy mildew Phytophthora Other: \_\_\_\_\_

Foliar Insecticide applied: Yes No Brand Name of Insecticide: \_\_\_\_\_

Insects Observed: Aphid Japanese beetle Spider mite Grasshopper Other: \_\_\_\_\_

## Harvest Rules

Designated field must be at least 5 acres of the same variety with a **minimum of 2 acres harvested** as the contest entry. **The harvested area must be contiguous and squared off (square or rectangle). No odd shapes!** For convenience, the test area may be measured after harvest by the contest supervisor. The harvested area must be exclusive of headlands and outside rows and **include more than one combine pass.**

Weighing of all entries can be by weigh wagon or certified scales. An unbiased contest supervisor (see below) shall: a.) measure the test area; b.) be present when the test area is harvested; c.) supervise weighing d) determine moisture and calculate final yield; and e.) complete harvest form and sign the report.

The contest supervisor may be a NRCS or SWCD staff person, FSA employee, Extension Agent, farm lending institution representative, FFA or Vocational Ag instructor, private crop consultant, state/private college agricultural staff member, or a retiree from one of these occupations. The representative may have no financial or direct business ties to a company selling agri-business supplies.

The applicant must fill out page 1 of the Harvest Report Form and attach the weigh ticket, along with the moisture percent information on harvest form. The supervisor must complete the harvest section on page 2 and sign-off on the completed Harvest Report Form(s). The completed Harvest Report Form(s) must be sent to **Ashley Fazio, Genesee County CCE, 420 East Main St. Batavia 14020** within 7 days of the harvest date or no later than December 1<sup>st</sup> of the contest year, whichever date is earlier.

State and regional awards will be presented at the Annual NY Corn & Soybean Winter Expo in January.

Harvest Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Harvested Field Dimensions (length x width): \_\_\_\_\_

**\*Round all calculations to two decimal places\***

Acres harvested (**minimum 2 acres**)

(example: 180' x 585' = 105,300 sq. ft. divided by 43,560 [sq. ft. in an acre] = 2.417 = **2.42 acres**)

\_\_\_\_\_

Total Pounds Harvested (heavy weight minus light weight): \_\_\_\_\_

Percent Grain Moisture (use calibrated moisture testing device): \_\_\_\_\_

Yield per Acre (If you want to calculate yield take total pounds x (100 - % moisture) x 0.01 divided by 52.2 (dry wt. of 1 bu of soybean at 13% moisture) divided by acres harvested.) Acres harvested and yield per acre will be confirmed by the committee for final yield determination): \_\_\_\_\_

Designated Representative (Please Print Name): \_\_\_\_\_

Signature Designated Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation of Designated Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Grower Signature: \_\_\_\_\_ Date: \_\_\_\_\_