



# Innovative Youth Corn Challenge

## 2021 Study Information Form

**Instructions:** Fill out the form for each study. **DO NOT fill out in a web browser** - it will not save your answers. Download to your computer and open using a pdf reader such as Adobe Acrobat (free download: <https://get.adobe.com/reader/>). Use the buttons at the end to print and save.

**When completed, please save for your records and email the completed form to [brandy.vandewalle@unl.edu](mailto:brandy.vandewalle@unl.edu)**

For help with this form, contact Brandy VanDeWalle, [brandy.vandewalle@unl.edu](mailto:brandy.vandewalle@unl.edu) or 402-759-3712 or Aaron Nygren, [anygren2@unl.edu](mailto:anygren2@unl.edu) or 402-352-3821.

### PERSONAL INFORMATION

Primary Contact First Name

Primary Contact Last Name

Team Name

Email

Secondary Email:

Phone

Secondary Phone

Street

City

State

Zip

County

Advisor working with this study

## Study Basics

The questions in this section are related to the Challenge Plot in your study.

Brief Study Title:

MAIN TOPIC:

*Below list treatments and cost (**per/acre**) using as many lines as needed.*

Treatment 1:

Cost Trt 1:

Yield of Treatment 1:

Dry bushels adjusted to 15.5%

Treatment 2:

Cost Trt 2:

Yield of Treatment 2:

Dry bushels adjusted to 15.5%

Treatment 3:

Cost Trt 3:

Yield of Treatment 3:

Dry bushels adjusted to 15.5%

Treatment 4:

Cost Trt 4:

Yield of Treatment 4:

Dry bushels adjusted to 15.5%

Yield of Control Plot:

Dry bushels adjusted to 15.5%

Number of Reps:

Enter a location for this study field - GPS or Legal Description

GPS Coordinates (preferred)

Legal Description

Applicator width (if used to apply these treatments):

Additional Study Treatment Notes - (Further describe treatments here. For example, if the treatments are cover crops, include species mix, when and how were they terminated.):

## General Field Info

This page is about the UNIFORM PRACTICES for the study area -- things that were the same regardless of the treatments you are studying. Only information that is consistent across all your treatments should be included in this part of the form. For example, if your study is looking at 2 fungicides, those 2 fungicides should be listed in the treatments section on page 2, not in the fungicide section that follows.

## Soils Data

Soil Series Name and Texture - please include multiple series if relevant.

Soil Test Results Available?

Yes      No      If yes, please email a copy of the report.

## CULTURAL PRACTICES

Crop Rotation

Previous Crop

Planter Rows

Row Spacing

Harvester Rows

Tillage Practice and approx. time of tillage events.

Planting Date

Planting Depth

Hybrid/Variety Planted

Planting Population

Irrigation

Total Irrigation amount (if not yet known, just leave blank and it will be added later).

Seed Treatments List seed treatments. If none, type "none".

**Fertilizer:** Include rate applied (indicate if rate is PRODUCT or ACTUAL N), product name, date of application. If none, type "none".

**Herbicides:** Timing (burndown, pre-plant, post), Rate Applied, Product Name, Date Applied. If none, type "none".

**Foliar and Soil Insecticides** Rate Applied, Product Name ,Date Applied. If none, type "none".

**Foliar Fungicides:** Rate Applied, Product Name, Date Applied. If none, type "none".

**Harvest Date** (if not yet harvested, leave blank, submit the form, and it will be filled in later)

Harvest Method            Yield Monitor  
                                  Weigh Wagon  
                                  Other

**Other General Field Notes** (Things to include here would be hail and other weather events.)

Suggestions

**IMPORTANT! When complete, please save for your records and email the completed document to [brandy.vandewalle@unl.edu](mailto:brandy.vandewalle@unl.edu).**