2024 Wisconsin Soybean Yield Contest Harvest Form

Due December 01

(All fields are required)

First Name: ________________________________ Last Name: ________________________________

Farm Name: _____________________________________________________________________________

Address: _______________________________________________________________________________

City: __________________ State: _______________ Zip: _________________________________

County of Field Location: __________________________________________________________________

Phone: __________________ Email: _________________________________

**Form Type**

- [ ] First time entrant*
- [ ] Planting Green**

*Check that box if this is your first time entering the Wisconsin Soybean Yield Contest.

**Refer to the Wisconsin Soybean Yield Contest Rules to determine qualifications for the Planting Green category.

**Entry Designation**

(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. Check a different box for each entry. i.e., Entry A, Entry B, Entry C, etc.)

- [ ] A
- [ ] B
- [ ] C

**Planting Information**

Seed Brand: ____________________________ Variety: ____________________________

Seed Variety Maturity: ________________ Planting Date: ________________ Planting Population: ________________

Row Width (Inches): ____________________ Irrigated: Yes [ ] No [ ]

Previous Crop: ___________________________________________________________________________

(2023) (2022)

Seed Inoculant: Yes [ ] No [ ] Product: ________________________________________________

Seed Fungicide: Yes [ ] No [ ] Product: _______________________________________________

Seed Insecticide: Yes [ ] No [ ] Product: _______________________________________________

Other Seed Treatment Product: Yes [ ] No [ ] Product: ____________________________________

**Weed Control**

Pre-emerge Herbicide Used: Yes [ ] No [ ] Product(s)_________________________________________

Post-emerge Herbicide Used: Yes [ ] 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

☐ No Till  ☐ Fall + Spring  ☐ Spring  ☐ Planted Into Living Cover Crop*  

please describe practice: __________________________________________________________

Calculations  3 acre harvest minimum

Harvest Date: __________________________  Moisture:_______________  Test Weight: ___________

Measured Area

Length (feet) X Width (feet) = Area (square feet) / 43,560 = Acres harvested (minimum of 3 acres) (3 decimals)

Calculations of Yield:

Lbs. Harvested X 100-Moisture X 0.01 ÷ 52.2 ÷ (acres harvested) = Yield (bushels per acre)

*If using a calculator, use 1- moisture and % in decimals. Example: 13% = .13

Certification

I certify that the data submitted on this form is accurate and in accordance with the rules as prescribed in the Soybean Yield Contest for Wisconsin.

Producer Signature: __________________________________________ Date: __________________________

Supervisor: __________________________________________ Date: __________________________

Company Name: __________________________________________ Job title: _________________________

Email: __________________________________________ Phone: __________________________

Send your Completed form to:

Dr. Shawn P. Conley  
2024 Soybean Yield Contest  
Department of Agronomy  
1575 Linden Drive  
Madison, WI 53706

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