

# TURTLE TREE SEED 2012 VARIETY TRIALING AND EVALUATION FORM

*If you're trialing more than one variety, copy this form for additional varieties.*

*Please provide as much information as you can. If you need additional space to answer any of the questions, use another piece of paper, noting the number of the question you are answering. **Return this form after the end of the season when all the available data has been recorded. It must be returned, filled out, with your order to receive the 5% discount. You can use the discount on mail or fax orders. If you have questions about this form, or your discount, please email or call us at (518)329 3038 Thank you for your time and effort!***

Date:
Crop:
Variety:
Lot # (from seed packet):
Amount of seed planted:
Population (# of plants):
And/or Row feet:
Spacing:
Planting date(s):
Transplant date(s):
First harvest date:
Peak harvest:
Last harvest:
Yields (number or weight of harvested crop):

Name: _____ Phone #: _____
Street: _____ Email: _____
Town: _____ State: _____ Zip: _____ County: _____
Home and/or market garden and Markets: ( <i>Home Garden, Farmer's Market, CSA, Restaurant, etc</i> ) ? _____
How big is your garden or vegetable operation? _____
# of years farming/gardening? _____ Climate zone: _____ Altitude _____
Latitude /longitude (°N/°W) _____
Avg. annual rainfall: _____ This year's rainfall: _____
Avg. frost dates: last spring date: _____ first fall date: _____
This year's spring date _____ This year's fall date _____

## **Comparison Varieties:**

General comments on this growing season (weather, heat, rainfall etc):

Description of your farm and Landscape including exposure, slope, etc.:

Soil type (e.g., silt loam, heavy clay, etc.): \_\_\_\_\_

Mulch used (circle one): None Straw Hay Plastic (type? \_\_\_\_\_) Other: \_\_\_\_\_

Irrigation (circle one): None Hand Drip Overhead Other: \_\_\_\_\_

Fertility inputs (kind, amount and timing of applications):

Biodynamic Preparations 500 & 501: Number and timing of applications: \_\_\_\_\_

502-507 in compost? yes / no (circle one) 508 (Equisetum): yes / no Barrel compost: yes / no

Biodynamic compost preps 502-507: \_\_\_\_\_ 508 (Equisetum): \_\_\_\_\_ Barrel compost: \_\_\_\_\_

Other biodynamic practices? \_\_\_\_\_

**Would you grow this variety again? (check one) No \_\_\_ Probably not \_\_\_ Probably \_\_\_ Yes \_\_\_ Absolutely! \_\_\_**

**Ratings: (1 = unacceptable, 2 = poor, 3 = average, 4 = good, 5 = excellent)** A) Germination: \_\_\_\_\_

B) Vigor: \_\_\_\_\_ C) Disease/pest tolerance or resistance: \_\_\_\_\_ D) Heat tolerance: \_\_\_\_\_ E) Cold tolerance: \_\_\_\_\_

F) Yield: \_\_\_\_\_ G) Storage (for root crops, etc.): \_\_\_\_\_ H) Flavor/taste: \_\_\_\_\_ I) Appearance: \_\_\_\_\_ J) Texture: \_\_\_\_\_

K) Fruit/edible portion quality: \_\_\_\_\_ L) Fruit/edible portion uniformity: \_\_\_\_\_

M) Customer (family member) reaction: \_\_\_\_\_

**Comments, observations, and evaluations of the variety and how it did in the trial:**

Did it fit the catalog description? \_\_\_\_\_ What would you add or change?: \_\_\_\_\_

Have you previously grown *this variety* of this crop? \_\_\_\_\_ What was the source of that seed? \_\_\_\_\_

How did this year's crop compare with previous years'? \_\_\_\_\_

Are you growing, or have you grown, *other varieties* of this crop? \_\_\_\_\_

Which varieties, which year(s), and what were the sources of the seed?

How did this variety compare with the others you have grown? (use another sheet of paper if needed)