



2006-07 Canada Western Amber Durum Master Grower entry form

Date _____

Name _____

First name

Last name

Farm name _____

CWB permit book number _____

P.O. box or street and number _____

City/town _____ Prov _____ Postal code _____

Phone Day () _____ Evening () _____ Fax () _____

E-mail _____

Sample collection

- Fill sample envelope with representative sample of at least 300g of wheat (approximately two cups).
- Please ensure that the envelope is adequately sealed.
- Samples can be sent by mail or by courier (COD and postage due packages will not be accepted).
The CWB is not responsible for lost, delayed or misdirected samples.
- Samples must be received by **Friday, September 29, 2006**.
- All judges' decisions are final.

Seeding information

What variety of CWAD did you grow? _____

Why did you select this durum wheat variety? _____

Please list other durum varieties grown this year _____

Do you use certified seed regularly? yes no

If so, why? _____

What was your seeding date? _____

What seeding rate did you use? _____

What was your seeding depth? _____

Was your CWAD grown on summerfallow stubble dryland irrigation

What was the previous crop? _____

Do you grow durum wheat as a regular part of your crop rotation? yes no

What is your typical crop rotation sequence? _____

How many years have you been growing durum wheat? _____

(Over)

By what date do you normally plan to seed durum wheat? _____

Describe your tillage system: conventional minimum till/direct seeding zero till

For direct seeding indicate: high disturbance low disturbance

Fertilizer management

Do you soil test? yes no

If so, how closely do you follow the recommendations: closely as a guide not at all

How much fertilizer did you apply? (lb/acre) ____ N ____ P ____ K ____ S ____ other

Please specify blend: _____

When did you apply the fertilizer? fall spring prior to seeding at seeding

How do you apply the fertilizer? (Check all that apply)

mid-row shank single shoot double shoot sideband paired row broadcast

banded other (Please describe) _____

Pest management

Did you apply herbicides for weed control yes no

If yes, please list the product(s) _____

Did you apply fungicides for disease control yes no

If yes, please list the product(s) _____

Did you apply insecticides for insect control yes no

If yes, please list the product(s) _____

Harvest management

When did you harvest the field from which your sample was taken? _____

Was it: straight cut swathed Swathing date _____

Did you apply a pre-harvest dessicant? yes no

If yes, please list the product used _____

What was the average yield for all your 2006 CWAD _____ (bushels per acre)

Why did you select this sample? What made it special? _____

Thank you.

Enclose this form inside your sample envelope and return to the Canadian Wheat Board.
Mail your envelope to: P.O. Box 816, Station Main
Winnipeg, MB
R3C 2P5