



NAME \_\_\_\_\_

Date Rec. \_\_\_\_\_ Sampler \_\_\_\_\_

ADDRESS \_\_\_\_\_

Grower \_\_\_\_\_ Sample Date \_\_\_\_\_

CITY \_\_\_\_\_

Field I.D. \_\_\_\_\_

STATE & ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**L Z C M M N A N**

Previous Crop: \_\_\_\_\_ Crop to be Grown: \_\_\_\_\_

Yield Goal: \_\_\_\_\_ Fertilizer History: \_\_\_\_\_

Dryland

Irrigated

**N A L L C N N C A L N C N**

CHECK TEST GROUP REQUESTED

7

**X**