

# TURTLE TREE SEED 2016 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 at the end of the season and/or when all data is available and recorded. It must be returned before or with next year's order to receive the 5% discount. You can use the discount on phone or mail orders. If you have questions about this form or your discount, please email us at [turtle@turtletreeseed.org](mailto:turtle@turtletreeseed.org) 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: (*Home Garden, Farmer's Market, CSA, Restaurant, etc*) ? \_\_\_\_\_

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			
Variety being trialed	Comparison Variety 1:	Comparison Variety 2:	Comparison Variety 3:
Name:			
A) ___ Germination	A) ___	A) ___	A) ___
B) ___ Vigor	B) ___	B) ___	B) ___
C) ___ Disease/pest tolerance or resistance	C) ___	C) ___	C) ___
D) ___ Heat tolerance	D) ___	D) ___	D) ___
E) ___ Cold tolerance	E) ___	E) ___	E) ___
F) ___ Yield	F) ___	F) ___	F) ___
G) ___ Storage (for root crops, etc)	G) ___	G) ___	G) ___
H) ___ Flavor/taste	H) ___	H) ___	H) ___
I) ___ Appearance	I) ___	I) ___	I) ___
J) ___ Texture	J) ___	J) ___	J) ___
K) ___ Fruit/edible portion quality	K) ___	K) ___	K) ___
L) ___ Fruit/edible portion uniformity	L) ___	L) ___	L) ___
M) ___ Customer/ Family Member reaction	M) ___	M) ___	M) ___

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 (See Ratings)? (use another sheet of paper if needed)