

TURTLE TREE SEED 2024 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 or call us at 518-329-3038 Thank you for your time and effort!**

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| 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 | | | |
|--|-----------------------|-----------------------|-----------------------|
| 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)