Corn Yield Contest
Harvest Report Form

If using Excel file, simply fill-in the yellow fields. Formulas will be completed for you.

Name: ___________________________ Phone: ___________________________
Address: ___________________________ Email: ___________________________
City, State Zip: ___________________________

County in which field is Located: ___________________________ Township: ___________________________
Section Number: ___________________________ Seed Brand: ___________________________
Is Field Irrigated? Yes No
Did you use a cover crop for this field? Yes No

Length of Rows Harvested: ___________________________

(If all rows are not the same length, attach a sketch showing how the average length of rows was calculated.)

How was measuring done? Measuring Tape Measuring Wheel

Width of Harvested Area ___________________________

Number of Rows Harvested: ___________________________
Distance Between Rows (inches): ___________________________

Area Harvested (ft²): ___________________________ (Length x Width)

Length: ___________________________ Width: ___________________________

Acres: ___________________________ (Square feet divided by 43,560)

Must be at least 1.25 acres to enter.

Weight of Corn Harvested from Plot:

Total Loaded Weight: ___________________________ Empty Truck Weight: ___________________________

Net Weight: ___________________________ Moisture of Corn Harvested: ___________________________

(Or weight from weigh wagon, if used)

Dry Bushels: (Subtract moisture percent from 100% to get percent dry matter)

Moisture Percent: ___________________________ Percent Dry Matter: ___________________________

Percent Dry Matter: ___________________________ Net Weight: ___________________________

Net Dry Bushels: ___________________________ 47.32 = Lbs of Dry matter in 56 lb bushel

Net Bushels Per Acre: ___________________________ Net Dry Bushels/Acres Harvested

To the best of my knowledge the figures reported above are accurate:

_________________________ ___________________________ ___________________________
Witness Signature Date Signature of Entrant Date

Witness Information:

Name: ___________________________
Job Title: ___________________________
Address: ___________________________
City, State Zip: ___________________________
Phone: ___________________________