2024 ENTRY FORM

MARYLAND CORN HYBRID PERFORMANCE TEST

Please submit the entry form below by email to [nfiorell@umd.edu](mailto:nfiorell@umd.edu) and [lthorne@umd.edu](mailto:lthorne@umd.edu) by March 1, 2024.

**An invoice will be prepared and emailed back to you with instructions for payment through UMD Financial Services. This is the only method for payment as of 2020.**

Under separate cover send **7000 seeds** for each entry **no later than March 8, 2024** to:

|  |
| --- |
| Corn Hybrid Testing Program |
| ATTN: Louis Thorne |
| University of Maryland |
| 1122 Research Greenhouse |
| 4252 Terrapin Trail |
| College Park, MD 20742 |

2023 ENTRY FORM

MARYLAND CORN HYBRID PERFORMANCE TEST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | |
| Address: |  | | | | | | |
|  |  | | | | | | |
| Variety Testing Contact Person: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |
|  |  |  |  |  |  |  |  |
| Local Rep: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |

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| --- | --- | --- | --- | --- | --- |
| Brand | **Hybrid** | **Corn Relative Maturity**  **GDU’s or days to maturity** | **Hybrid Traits**  **(Bt, RR, LL, Conventional, Stacked traits, etc.)** | **Seed Treatment** | **Fee**  **($600/entry)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |

Third page of this document is an additional sheet for entries.

|  |  |  |
| --- | --- | --- |
| **Sub Total** | **=** | **$** |
| **Total from page 3** | **=** | **$** |
| **Less Discount** | **=** | **$** |
| **Total** | **=** | **$** |

**$600.00** per entry. **The discounts are 5% for 6 – 10 entries and 10% if the entry total is 11 or more.** A total of five locations with 3 replications each will be planted for each entry submitted. The locations are Salisbury, Poplar Hill, Wye, Clarksville, and Keedysville.

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| Address: |  | | | | | | |
|  |  | | | | | | |
| Variety Testing Contact Person: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |
|  |  |  |  |  |  |  |  |
| Local Rep: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |

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| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |
| **18.** |  |  |  |  |  |
| **19.** |  |  |  |  |  |
| **20.** |  |  |  |  |  |

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| **Total from this page** | **=** | **$** |