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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The Point Land Request Form** | | | | | | | | | | | | | | | | | |
| Date Submitted:  New Request Form  Renewal Request Form: Same Land  New Land | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Descriptive Experiment Name:** | | | | | | | |  | | | | | | | | | |
| **Researchers/Cooperators/Sponsors:** (please underline contact person and include contact information) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Land use fees should be charged to:** (please include email) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Experimental Information:** | | | | | | | | | | | | | | | | | |
| Project Title: | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |
| Crops Grown: | | | |  | | | | | | | | | | | | | |
| Duration of Project: | | | | | | | | | | | | | | | | | |
|  | Long Term Project (same land area for multiple seasons) | | | | | | | | | | | | | | | | |
|  | Long Term Project (new land area every season, longer than 1 year) | | | | | | | | | | | | | | | | |
|  | Short Term Project (new land area every season) | | | | | | | | | | | | | | | | |
| Start Date: | | |  | | | |  | | | | End Date: | |  | | |  | |
|  | | | MONTH | | | | YEAR | | | |  | | MONTH | | | YEAR | |
| **Plot Area Required** (including guards): | | | | | | | | | | | | | | | | | |
| Carman | |  | | | x |  | | | m | The Point | |  | | x |  | | m |
| **Plot Plan and Treatment List:** (include non-plot areas) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Planned Inputs:** (herbicides, insecticides, fungicides, fertilizer, etc.) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Special Requirements** (isolation, previous crop stubble, fertility levels, etc.) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Future Cropping Restrictions** (herbicide residues, fertilization, weeds, etc.) | | | | | | | | | | | | | | | | | |
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| **Equipment needs** (land preparation, seeding, spraying, harvesting) |
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| **Any other needs – please specify** |
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