

DD50 Enrollment Card

Name _____

Street _____ City _____ State ____ Zip _____

Email _____ County Where Fields Reside _____

Consultant Name (if applicable) _____

Street _____ City _____ State ____ Zip _____

Email _____

Field #	Field Name	Variety Name	Emergence Date (mm/dd)	Acreage
1.	_____	_____	____/____	_____
2.	_____	_____	____/____	_____
3.	_____	_____	____/____	_____
4.	_____	_____	____/____	_____
5.	_____	_____	____/____	_____
6.	_____	_____	____/____	_____
7.	_____	_____	____/____	_____
8.	_____	_____	____/____	_____
9.	_____	_____	____/____	_____
10.	_____	_____	____/____	_____

U*of***A** UNIVERSITY OF ARKANSAS
DIVISION OF AGRICULTURE

COOPERATIVE EXTENSION SERVICE
2301 SOUTH UNIVERSITY AVENUE
LITTLE ROCK, ARKANSAS 72204

OFFICIAL BUSINESS