

Triticale Manual Questionnaire

Please fill out this questionnaire to assist us in monitoring crop development and use of triticale. It will also provide us with a contact address to send future updates and technical information. *Thank you for your cooperation.*

Name _____ Company _____

Address _____ City _____ Postal code _____

E-mail address _____

Telephone number _____

Occupation _____

How many years have you been growing or working with triticale? _____

Are you growing _ spring _ winter _ both

What markets or uses are you growing it for (please check)

 _ grain for human consumption _ grains for feed

 _ silage _ green feed

 _ swath grazing _ grazing

 _ combination of silage and fall or spring grazing

If you are feeding to livestock, which type _____, age ranges _____

Average number of acres _____

Production per acre _____

Soil type _____

Dryland acres _____ Irrigation acres _____

Management practices: _grown from or common seed _pedigreed seed

Variety - Spring _Pronghorn _AC Alta _AC Certa _AC Copia _AC Ultima

 - Winter _Bobcat _Companion _Fridge _Pika _Wapiti

 _Carman _Other - please list _____

Seeding rates: _____ dates: _____

Fertility practices _spring _fall _seed placed _banded types _____
 rates: _____

Weed control products: _____ rates: _____

General comments _____

Please send copy to Bill Chapman, AAFRD, Box 4560 Barrhead, Alberta T7N 1A4
Thank-you.