

DD50 Rice Management Program 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.	_____	_____	____/____	_____



DIVISION OF AGRICULTURE

RESEARCH & EXTENSION

University of Arkansas System

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