



INFIELD ADVANTAGE

2022 PARTICIPANT ENROLLMENT FORM: PART 2

Please send completed forms to covercrops@isda.in.gov.

Grower/Farm Information		
Farm Name (Legal Name)		
First Name	MI	Last Name
Email		
County		

Cover Crop	
Cover Crop Planted (select one)	Planting Date
Planting Method (select one)	
Equipment Type (ex. Tractor)	Horse Power

HARVEST

Harvest Details	
Harvest Date	Planted Area (acres)
Reason Harvested less than planted	Harvest Area (acres)
Combine Width (# of rows)	Horse power
Yield	
Yield (bu/ac)	
Estimated Non-Irrigated Yield	

POST HARVEST

Drying	
Drying System (select one)	Points of Moisture removed from Drying (%) (select one)

Custom Application		
Rate (\$/Unit)	Unit	
Product Hauling		
Distance from field to point of sale	Did you haul back a load?	
Fuel Type		

Please email the completed form to CoverCrops@isda.in.gov.