Organic Seed Alliance
Variety Trial Evaluation

Date:

Location:

Farm:

Evaluator:

Evaluation: _____

Crop type: _____

*for blind test, fill in variety name after evaluation

Traits (fill in traits to be evaluated)

Var #	Rep #	Variety*								

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Comments:

Comments: