HORTICULTURE RESEARCH CENTER RESEARCH REQUEST

Name:													
Department/Bldg/Room: _													
Office phone: Cell phone:													
Research Group: Funded research source or sponsor:													
Is a proposal pending? Awarded?													
Research Trial or Protocol Name:													
									Brief one paragraph staten	nent of proposed	trial:		
earting date: Ending date:													
Space Requirements:													
Small plots	dimensions												
1 1 . 1 .	acres												
sq ft	_ Ground bed space												
Watering needed:	per day	per week	as needed	by user									
If special, please do	escribe:												
Pest control needed:	schedule	by user	do not spray										
Tilling/bed preparation ne	eded:	Schedule	2:										
Bush hogging needed:			Schedule:										
Other instructions or reque	ests:												
Space Assignment:													
Center Manager signature:			Date:										
Director of Farm Operations signature:			Date:										
Requestor signature:		Date:	-										
BP# to be billed:													