

Send one signed copy with 24 hours of disposition to:
 CALIFORNIA DATE ADMINISTRATIVE COMMITTEE
 P.O. Box 1736
 Indio, CA 92202-1736
 Tel: (760) 347-4510 Fax: (760) 347-6374

ESTIMATE OF PRODUCTION

Name of Handler: _____ By: _____

Address: _____ Title: _____

City, State, Zip Code: _____ Date: _____

List below the appropriate variety, the pounds of field run dates each of your growers delivered to your packing house during the 20__ - 20__ crop year, and the estimate of the current 20__ - 20__ production. Include your own production if you are a producer/handler.

| | Name of Grower | Mailing Address | Location of Garden | Acres | Deglet Noor | | Halawy | | Khadrawy | | Zahidi | |
|----|----------------|-----------------|--------------------|-------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| | | | | | Delivered 20__-20__ | Estimated 20__-20__ | Delivered 20__-20__ | Estimated 20__-20__ | Delivered 20__-20__ | Estimated 20__-20__ | Delivered 20__-20__ | Estimated 20__-20__ |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

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