



2018 LATE HARVEST PRESSING REPORT FORM



Complete and Return to the BCWA Office NO later than 3 weeks after pressing (e-mail: lorrie.zander@bcvqa.ca)

BCWA Member Winery Name: _____

Person Present at Pressing: _____

Address of Pressing: _____

Grower Number	Variety	Harvest Date	Harvest Start Time	Harvest Stop Time	Final Tons Harvested	Temperature at Harvest	Pressing Date	Pressing Start Time	Pressing Stop Time	Temperature at Pressing	Brix	FINAL Late Harvest Litres Pressed

Signature: _____

Date: _____

Please return this form within three weeks after pressing by e-mail to: lorrie.zander@bcvqa.ca