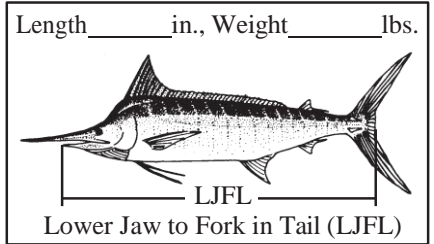


PLEASE FILL IN DETAILS AND MAIL TODAY TAG #:

Species: _____, Date: MM / DD / YY, Latitude: _____, N/S, Longitude: _____, W/E
 Location: _____ Club: _____ Length _____ in., Weight _____ lbs.
 Angler Name/Address: _____
 _____, Zip _____, e-mail: _____
 Captain: _____ Boat Name: _____
 Address: _____, Zip: _____



Bait type: Live bait, Dead bait, Lure, Fly, Other _____ Water Temp. _____ °F
 Fight Time: _____ min. Fish Condition: Excellent Good Fair Poor Injured Dead Unknown.
 Comments: _____

Please add e-mail to address above

Response to this form is voluntary.
OMB 0648-0009, expiration date 12/31/2020
NOAA 88-162, 12/20

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