

BIG FISH AWARD

Mail to: Salmon Unlimited Wisconsin Awards Committee
Box 081333 Racine, WI 53408

Date _____

Name _____ Address _____

City _____ State _____ Zip _____

Note: Please read rules on reverse side before filling out.

Species of Fish _____ Place Caught (City) _____

Date Caught _____ Lure Used _____ Color Lure _____

Method (Check one): Stillfishing () Casting () Trolling ()

Weight _____ lbs _____ ozs Girth _____ inches

Line Test _____ lbs Length _____ inches

Number of Rays on Anal Fin _____ Color of Fish's Gums _____

Interior of Fish's Mouth: Grey or Black () White () (Check one)

VERIFICATION BY WITNESS

Signature of Witness _____

Address of Witness _____ City _____ State _____

I hereby swear and affirm that the above information is true and accurate to the best of my ability and that I have conformed to the rules set forth on this entry form. I have filled out this form COMPLETELY and have attached a photograph of the fish to be entered to this form.

Applicant's Signature
Adult () Child ()

DO NOT USE THIS SPACE

Application has been approved by _____

Application has been disapproved because _____

Note: If any data is unknown, write "unkn"; if any data is estimated, write "est".