

Tag Number: _____

Date: _____

Boat Name: _____

Angler: _____

Lat: _____

Long: _____

Area: _____

Species: _____

Fight Time: _____ hr _____ mins

Length (cm): _____ Est or Measured

Weight (kg) : _____ Est or Measured

(please circle)

Dead Bait Live Bait Lure Regular Hook Circle Hook Other

Fish Condition: _____



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