

**SDAA LTD SPECIMEN FISH CLAIM FORM**

Please provide details of the specimen fish caught

SPECIES:

WEIGHT:

VENUE:

DATE:

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Captor's Name:

Signed:

Date:

Address:

Phone No.

Membership No.

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I confirm that I witnessed the weighing of the specimen fish described above and the details provided are to the best of my knowledge correct

Witness' Name:

Signed:

Date:

Address:

Phone No.

Membership No.

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Completed forms must reach the Club Secretary by 16<sup>th</sup> March  
A photograph, if available, should support entries.

Please tick this box if you do not want the capture publicised.