



FISH AWARD AFFIDAVIT

DIVISION: Family (no age groups) Unified (ages 13 – 21) Unified (ages 18+)

TOURNAMENT DATE IS SEPTEMBER 1 – 9, 2018

Note: Any use of watercraft to catch fish in the tournament is prohibited.

Species of Fish _____ Where caught _____ Town (port) _____

PHOTOGRAPH (PICTURE) MUST ACCOMPANY AFFIDAVIT

DATE CAUGHT ____ / ____ / ____

CAUGHT BY

Special Olympics Athlete (print & sign name) _____

Partner/Family Member (print & sign name) _____

Mailing Address _____ Phone # _____

Email _____

MEASURING & WEIGHING (Harvested fish may be weighed at any CT bait and tackle shop.)

Large Mouth Bass Channel Catfish Yellow Perch Bluegill Sunfish

Harvested Fish (caught & kept) **Weight** (lbs, ozs) _____ **Length** (inches) _____

Weigh In Location _____

Witness _____ **Date** _____ **Phone Number** _____ **Email** _____

I, (signature & address of witness) _____ witnessed the measuring and weighing of the above-described fish, and verified the weight and measurements. The fish was weighed on a scale inspected by the CT Department of Consumer Protection.

Certification # _____ *or* **Vendor Name** _____ *or* **Inspectors Name** _____

Please provide a photo or digital image of the fish with the members who caught it for use by Special Olympics Connecticut. The completed form and photo can be emailed to kellib@soct.org or mailed to Kelli Bigelow at Special Olympics CT, 2666 State Street, Suite 1, Hamden, CT 06517.