



**FISH AWARD AFFIDAVIT**  
*(Please consider using Catch & Release methods)*

**DIVISION:**  Family (no age groups; must be family members)  Unified (ages 13 – 21)  
 Unified (ages 18+)

**TOURNAMENT DATE IS JUNE 17 – SEPTEMBER 9, 2019**

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

**Where caught** \_\_\_\_\_ **Town** \_\_\_\_\_

**DATE CAUGHT** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CAUGHT BY**

**Special Olympics Athlete** (print name) \_\_\_\_\_

**Partner/Family Member** (print name) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

- Large Mouth Bass       Channel Catfish       Yellow Perch       Bluegill Sunfish  
 Scup (Porgy)       Bluefish

**Harvested Fish** (caught) **Weight** (lbs, ozs) \_\_\_\_\_ **Length** (inches) \_\_\_\_\_

**Weigh In Location** \_\_\_\_\_

The completed form can be emailed to [kellib@soct.org](mailto:kellib@soct.org) or mailed to Kelli Bigelow at Special Olympics CT, 2666 State Street, Suite 1, Hamden, CT 06517 by September 10, 2019.