



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 or mailed to Kelli Bigelow at Special Olympics CT, 2666 State Street, Suite 1, Hamden, CT 06517 by September 10, 2019.