Delaware Live Release Fishing Awards entry form

SPECIES_____

LENGTH IN INCHES_____

ANGLER'S NAME_____

MAILING ADDRESS _____

CITY_____ **STATE**_____ **ZIP**_____

LOCATION OF CATCH **(Must be in Delaware)** _____

_____

DATE CAUGHT **(Must have been caught during current year)** _____

WITNESS TO CATCH **(Please print name)** _____

WITNESS SIGNATURE_____

After completion of the form, please mail to:

TOURNAMENT DIRECTOR
FISHERIES SECTION
DELAWARE DIVISION OF FISH & WILDLIFE
P.O. BOX 330
LITTLE CREEK, DE 19961