

Please send completed to Records Officer ASAP

catchcards@waikatosportfishing.co.nz or Post to: WSFC Records Officer P O Box 9036, Hamilton

Waikato Sport Fishing Club

Catch Card

Mr/Mrs/Miss	Name:	Date://20
Address:		
Address:		Phone:
Club:		Membership No:

I HEREBY DECLARE that I am a financial member of a club affiliated to the New Zealand Sport Fishing Council & that in accordance with the club & IGFA rules, I have tagged or landed the fish described below and that all details given are true & accurate.

Species:	Caught On:	Bait:	
Line Weight: Kg		Lure:	
Boat Name:		Fly:	
Caught Where:	Category:	Men's:	
Time Hooked:		Ladies: Junior:	
Time Boated:		Small Fry:	
Courtesy Weigh: Club: Tag & Release: Tag No:		y Member:	
Anglers Signature: Skip	pers Signature:		
Club Use Only Fish:			
Weight:cm Girth	::cm I	Ref No:	
I certify that the weight and measurements are correct and the t	ackle complies with the clu	ub and I.G.F.A ru	les.
Weigh Masters Name:			
Weigh Master Signature:			