

AFFIDAVIT
NARRAGANSETT SURFCASTERS
ANNUAL TOURNAMENT
APRIL 1 – THROUGH – NOVEMBER 30

Anglers Name: _____ Date: _____

Species: (check one) Bass ___ Blue ___

Weight: ___ lbs. ___ Oz. Length ___ Girth: _____

Was a certified scale used? Yes ___ No ___ Is the scale available for inspection? ___

Signature of angler: _____

Witness to Weigh In: Name: _____ Phone _____

Address: _____

Signature: _____ Date: _____

If the fish was not weighed at a weigh station or was caught & released please complete the following:

Anglers Name: _____ Date: _____

Species: (check one) Bass ___ Blue ___

Weight: ___ lbs. ___ Oz. Length ___ Girth: _____

Was a certified scale used? Yes ___ No ___ Is the scale available for inspection? ___

Signature of angler: _____

Witness to Weigh In: Name: _____ Phone _____

Address: _____

Signature: _____ Date: _____

Please Note: All entries into the annual tournament must be mailed directly to the Narragansett Surfcasters mailbox or hand delivered to the Tournament Committee at the monthly meetings. Only entries submitted in this fashion will count to the annual award. Please note that all entries must be received or postmarked 30 days from the date of the catch.

**Please Mail To: Narragansett Surfcasters
Attn: Awards Committee
PO Box 3135
Narragansett, RI 02882**

JUNIOR AGE: _____

JUNIOR AGE: _____