

**AFFIDAVIT
NARRAGANSETT SURFCASTERS
ANNUAL TOURNAMENT
APRIL 1- THROUGH - NOVEMBER 30**

Angler's Name: _____ Date: _____

SPECIES: (check one) _____ BASS _____ BLUE _____

Weight _____ lbs. _____ Oz. Length _____ Girth _____

Name of Weigh Station: _____ City & State _____

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: _____

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

Angler's 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
P.O. Box 3135
Narragansett, Rhode Island, 02882**