

Official MSBA Weigh Slip

Must be filled out completely

Angler's Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

**** STRIPED BASS CPR only Minimum size 40 inch all categories except Fly Rod ****
Fly Rod@ minimum state legal length

Special Tournament _____ OR Annual Derby _____
Men's _____ Women's _____ Junior's _____ D.O.B. _____

All Tackle _____ or Fly Rod _____

Boat _____ Kayak _____ or Surf _____

Catch-Photograph-Release (CPR) _____ *

* total length only for CPR entry.

* **clear and legible** photograph of **fish with measuring device** must be submitted for acceptance.

SPECIES _____

Weight _____ lbs. _____ oz.
(weigh master must convert digital to ounces)

Length _____ * inches & Girth _____ inches

Date of catch _____ Location _____ State _____

Weigh Station Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Weigh Master Signature:

I certify that all of the above statements are true and that all rules of the MSBA Annual Derby were complied with.

Angler's Signature: _____

Mail To: James Jewkes 430 Salem St Woburn MA 01801 OR

Scan & email to: MSBAderby@gmail.com

*****All Weigh Slips must be received or postmarked within 7 days of catch*****