

Test Valley Angling Club & Southampton Piscatorial Society

SPECIMEN FISH Weight Certificate

VENUE _____ (Location)
MEMBERS NAME PRINT NAME (as it appears on your warrant)
PHONE NUMBER _____
WARRANT No. _____ (5 DIGIT)
DATE CAUGHT ____/____/20____
SPECIES _____ WEIGHT _____
SIGNATURE OF MEMBER _____ (pounds/kilo's)

WITNESS INFORMATION

1st WITNESS NAME PRINT NAME
WARRANT No. _____ (5 DIGIT)
If not a member, ADDRESS _____
PHONE NUMBER _____
SIGNATURE OF WITNESS _____

2nd WITNESS NAME PRINT NAME
WARRANT No. _____ (5 DIGIT)
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