



Live Release Awards Entry Form

Species: _____ Length In Inches: _____

Angler's Name: _____ Tel: _____

Angler's Age (for youth entry, 15 and under): _____

Mailing Address (street or P.O. Box): _____

City: _____ State: _____ Zip: _____

Location Of Catch (must be in Delaware): _____

Date Caught (must have been caught during current year): _____

Witness To Catch (please print): _____

Witness Signature: _____

After completion, please mail to:
Tournament Director
Fisheries Section
Delaware Division of Fish & Wildlife
3002 Bayside Dr.
Dover, DE 19904

