

DELAWARE RIVER SHAD FISHERMEN'S ASSOCIATION



NAME: _____ DATE: _____

TRIP # _____ BOAT WADING SHORELINE (CIRCLE ONE) START TIME: _____ END TIME: _____

LOCATION: _____ TOTAL CATCH: _____

Species	Length – Inches	Weight – Pounds	Kept? (Y/N)	Gender (M/F/U)	Tag #

ANGLER SKILL LEVEL: NOVICE INTERMEDIATE EXPERIENCED (CIRCLE ONE)

COMMENTS: _____

Mail to:
 Cooper Barshinger
 3155 Federal Road U.S. Route 209
 Bushkill, PA 18324
 cbarshinge@pa.gov



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