

2009 Official MSBA Weigh Slip

Angler's Information

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: (____) _____ - _____
Fill Out Completely

Special Tournament ____ or Annual Derby ____

Men's ____ Women's ____ Junior's ____

(____/____/____) D.O.B. Jr's Only

All Tackle ____ or Fly Rod ____

Boat ____ or Surf ____

Species: _____

Weight: _____ lbs & _____ oz.
(Weigh Master must convert digital to ounces)

Length: _____ inches & Girth: _____ inches

Date of Catch: ____/____/____

Location (Town or area): _____

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 specific contest were complied with.

Anglers Signature: _____

Mail To:
Pam Kearney
125 Charles Diersch Street
East Weymouth, MA 02189

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