

CLEITHRUM PROJECT DATA FORM

(Print this form, fill it in and mail to either of the addresses below.)

SPECIES _____ DATE CAPTURED _____

LOCATION: Water body _____ County _____

State/Province _____

TOTAL LENGTH _____ FORK LENGTH _____

GIRTH _____ WEIGHT _____

SEX (AND HOW DETERMINED) _____

PHOTO ENCLOSED (Y/N) _____ CLEITHRA ENCLOSED (Y/N) _____

SCALES ENCLOSED (Y/N) _____ SEND AGE (Y/N) _____

COMMENTS _____

CONTRIBUTOR'S NAME _____

ADDRESS _____ CITY _____

STATE/PROVINCE _____ POSTAL/ZIP CODE _____

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