

**BASS CLUB CLAIM FORM**

**CLAIM FOR (please circle):** 400 Bass Club  
500 Bass Club  
600 Bass Club

Name \_\_\_\_\_ ANSA Number \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fork Length \_\_\_\_\_ mm Date Captured \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location Captured \_\_\_\_\_ State \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**WITNESS TO MEASUREMENT**

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_

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