

ECSC Record Application



FORM FOR RECORDING SALTWATER FISH RECORDS

Existing ECSC members ONLY
All witnesses must also be ECSC Members
Non-Member –are not permitted to weigh in any potential club records , or
provide witness statement

Please note:

All anglers wishing to register a ECSC record must be a member of the ECSC or have identification certifying they are a current member

Line class	_____	
Species	_____	Common name plus scientific name if known
Weight (Lbs Ozs)	_____	
Method of catch	_____	Trolling, casting, up tide , down tide etc.
Place caught	_____	
Date & time	_____	
Fighting time	_____	
Equipment used	_____	Rod, Hand Line, etc
Angler's name	_____	
Angler's sex	_____	
Angler's DOB	_____	Only required for Junior Records where anglers is less than 16 years of age
Angler's address	_____	Include email address where possible
Name of boat	_____	
Captain's name	_____	
Name of other anglers	Name address	
Weigh master's name	_____	Must be a ECSC approved weigh master
Any other comments	_____	

Witness

Note that the entire rig (lure/hooks/trace/leader/double) plus at least the first 2 metres of line must be available for sighting by the official weigh master at the time of the weigh if required for viewing

I, the undersigned, hereby declare that the fish described in this application was hooked, fought, and brought to gaff by me without assistance from anyone, except as specifically provided in the regulations; and that it was caught in accordance with ECSC angling rules; and that the line submitted with this application is the actual line used to catch the fish on the stated date. I further declare that all information in this application is true and correct to the best of my knowledge. I agree to be bound by any ruling of the ECSCFS relative to this application.

Signature of angler: _____