



Official Tarpon Release Entry Form

Date form completed: _____ Time form completed: _____

Check **all** applicable categories: **Regular** _____ **Ladies** _____ **Youth** _____ **Fly** _____

Tarpon girth: _____ Date caught: _____ Time released: _____

Location caught: _____ Bait used: _____

Angler Name (printed): _____ Phone # _____

Angler Address: _____

Angler Signature: _____

I understand and hereby certify by my signature above that the statements made here are true. I further certify that the above fish was caught in accordance with the rules established by the Sarasota Sportfishing Anglers Club and the laws of the State of Florida. I understand that the above information may be subject to questioning in a polygraph test.

Witness Name (printed): _____

Witness Signature: _____

Weighmaster Name (printed): _____

Weighmaster Signature: _____

***Anglers must mail one copy of this form within
48 hours of the time and date the fish is entered to:***

**Sarasota Sportfishing Anglers Club
P.O. Box 18342 - Sarasota, Florida 34276-1342**

White copy - mail to club **Yellow** copy - Weigh Station **Pink** copy - Angler's copy