

Y.A.T.F.S BREEDER'S AWARD FORM

BAP _____ SAP _____ CATEGORY NO. _____ POINTS _____
SUBMITTED BY _____ PHONE NO. _____
BREEDING DATE OF SPAWN _____ DATE OF FREE SWIMMING _____

COMMON NAME _____ TECHNICAL NAME _____

INSPECTION DATES MONTH DAY YEAR
1 _____ _____ _____
2 _____ _____ _____

CONDITION OF BREEDERS:
AGE _____ TEMP _____
SIZE _____ TANK SIZE _____
FOOD _____

CARE OF EGGS:
APPROX. NO _____ SIZE _____
INCUBATION TIME _____ COLOR _____
FUNGICIDE ADDED _____

INFORMATION ON BREEDING
TANK SIZE _____ PH _____
TEMP _____
NO OF MALES _____
NO OF FEMALES _____

CARE OF FRY
TANK SIZE _____ TEMP _____
AGE WHEN MOVED _____ TEMP _____

NO OF YOUNG AT 60 DAYS _____ DATE _____
APPROX AVERAGE SIZE OF FRY AT
60 DAYS OF AGE _____

SPAWNING REPORT SUBMITTED: YES _____
(TO BE FILLED OUT BY BAP CHAIRMAN)

NOT REQUIRED _____
PRINTED DATE _____

PLEASE FILL OUT IN DUPLICATE. ONE FOR BAP/SAP, AND ONE FOR YOUR RECORDS.
USE BOTTOM SPACE FOR ADDITIONAL INFORMATION.

SIGNATURE OF BAP CHAIRPERSON AND COMMITTEE PERSON

_____ DATE _____

_____ DATE _____
