

Y.A.T.F.S. Breeder Award Program (BAP) Form

Category #: _____ **Points:** _____ **Date:** _____

Breeder Name: _____ **Phone #:** _____

Species Common Name: _____

Species Scientific Name: _____

Breeding Date of Spawn: _____ **Date of Free-Swimming:** _____

Inspection dates:

	Month	Day	Year
1			
2			

Condition of Breeders:

Age:	Size:
Temperature:	Tank Size:
Food:	

Information on Breeding:

Tank Size:	PH:	Temperature:
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# of Males:	# of Females:
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Care Of Eggs:

Approximate #:	Size:
Color:	Incubation Time:
Fungicide Added:	

Care of Fry:

Tank Size:	Temperature:
Age When Moved:	Temperature:
# of Young at 60 Days:	Date:
Approximate # of Fry at 60 Days of Age:	

Spawning Report Submitted: Yes Not Required

BAP Chairperson **Date**

Committee Person **Date**