

WEIGHED FISH FORM

THIS COMPLETED FORM MUST BE SUBMITTED
BY EMAIL TO TOURNAMENT HEADQUARTERS
AT TEXASOFFSHORESHOOTOUT@YAHOO.COM
WITHIN 48 HOURS OF RETURN TO PORT

BOAT NAME: _____

OWNER'S NAME: _____

ANGLER'S NAME: _____

SPECIES: _____

DATE CAUGHT: _____

I / WE CERTIFY THAT THE FISH ON THIS FORM WAS CAUGHT DURING THE LEGAL FISHING TIMES AND ACCORDING TO ALL APPLICABLE RULES OF THE TEXAS OFFSHORE SHOOTOUT.

ANGLER'S SIGNATURE: _____

CAPTAIN'S / OWNERS SIGNATURE: _____

FOR WEIGH STATION OFFICIAL USE

OFFICIAL WEIGHT: _____

DATE WEIGHED: _____

WEIGH LOCATION: _____

TIME WEIGHED: _____

PRINTED NAME OF WEIGH MASTER: _____

SIGNATURE OF WEIGH MASTER: _____

TEXAS *Shootout* *Offshore*



JAN 1ST • OCT 19TH • 2022