



**Coffs Harbour
Bluewater Freedivers Inc.**

Record Claim Form

Name: _____

Address (Postal): _____

Address (Residential): _____

Town: _____ State: _____ Postcode: _____

Phone (Home): _____

Phone (Work): _____

Mobile: _____

E-mail: _____

Species: _____

Date of Capture: ____/____/____

Location: _____

Weight: _____

I hereby confirm that the above records was taken in accordance with the rules and regulations of the AUF Spearfishing Commission and the relevant State Spearfishing and/or Freediving Commission. I also confirm that I was, at the time of capture, a FULL financial member of the Coffs Harbour Bluewater Freedivers.

Signature:.....

Witness

Name:

Signature:.....

Please include Weigh Ticket if not weighed on the club scales.