SHOW-ME MUSKIE PROJECT—DAILY TRIP RECORD FORM

IT IS VERY IMPORTANT THAT YOU COMPLETE AN ENTRY FOR EVERY DAY FISHED FOR MUSKIES IN MISSOURI, REGARDLESS OF SUCCESS. PLEASE, ONE FORM PER PERSON PER LAKE. THANKS!

Angler's Name _____ **Lake** _____

Date (mm/dd/yy)	Hours fished for muskies	Number of encounters (follows, strikes, and lost muskies) *Do not include fish caught	Number of muskies caught	Length of muskies caught (to the nearest inch)	Harvested or released (H/R)

Comments: _____

_____

Please return completed forms to: Dave Woods, Muskellunge Program Coordinator
Missouri Department of Conservation
2630 N. Mayfair
Springfield, MO 65803
417-895-6881 ext. 1623
dave.woods@mdc.mo.gov