

YOUNGSTOWN AREA TROPICAL FISH SOCIETY



BAP



BREEDER'S AWARD FORM

BAP _____ SAP _____ CLASSIFICATION NO _____ POINTS _____

SUBMITTED BY: _____

BREEDING DATE OF SPAWN _____ DATE OF FREE SWIMMING _____

COMMON NAME _____ TECHNICAL NAME _____

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

CARE AND CONDITION OF PARENTS, SPAWN AND FRY.

AGE _____ TEMP. _____ TANK SIZE _____ PH _____
NO. OF MALES _____ NO. OF FEMALES _____
NO. OF EGGS _____ SIZE OF EGGS _____
COLOR _____ INCUBATION TIME _____
DATE OF HATCHING _____ OF FREE SWIMMING _____
FOOD FOR FRY _____

NO. OF FRY AT 60 DAYS _____ SIZE _____

SPAWNING REPORT SUBMITTED: _____ YES _____ NOT NEEDED

SIGNATURE OF BAP CHAIRPERSON AND COMMITTEE PERSON

_____ DATE _____

_____ DATE _____