



Colorado Bowfishing Association

Record Application Form

I, the undersigned, hereby swear that the following statements are true, and that in taking this fish, I have complied with all the Colorado state fishing regulations as well as all the Colorado Bowfishing Association rules for manner and location of take. Only COBF members may apply for record status.

Name of Applicant _____

Mailing Address _____

Phone _____

Email _____

Species _____

Weight _____ LBS. _____ OZ.

Length _____

Girth _____

Date of Harvest _____

Location of Harvest (information will not be made public) _____

We, the undersigned, witnessed the weighing and measuring of the fish described above.

Name _____

Name: _____

Signature _____

Signature: _____

Phone _____

Phone: _____

Email _____

Email: _____

Please return filled out form to the COBF (1502 Hilltop Drive, Loveland, CO 80537)