

# Musky Registration

Your registration form must be received (post marked) by the 10<sup>th</sup> of the month following your catch. All areas marked with a \* on this form must be fully completed; failing to do so may result in a disqualification for any monthly/yearly awards.

Mail to:  
**BILL'S MUSKY CLUB, INC.**  
 PO BOX 476  
 SCHOFIELD, WI 54476

or email the below form or detailed information to Jeff Micholic at [jmicholic55@yahoo.com](mailto:jmicholic55@yahoo.com)

\*Please print legibly to avoid information being missed or recorded incorrectly. Only a member that caught & released the musky, filled out the form properly, & have witness & member signature may qualify for any & all rewards (this includes guides).

*Type of Member	<input type="checkbox"/> Regular Member	<input type="checkbox"/> Woman	<input type="checkbox"/> Junior	<input type="checkbox"/> Master	<input type="checkbox"/> Guide
-----------------	---	--------------------------------	---------------------------------	---------------------------------	--------------------------------

Fish Information:	
*Condition of the Fish	<input type="checkbox"/> Released <input type="checkbox"/> Kept
*Date Caught	*Time <input type="checkbox"/> AM <input type="checkbox"/> PM
*Length	Weight
Girth	*Bait Manufacturer
Type of Bait	<input type="checkbox"/> Surface <input type="checkbox"/> Jerk <input type="checkbox"/> Crank <input type="checkbox"/> Twitch <input type="checkbox"/> Buck Tail <input type="checkbox"/> Spinner <input type="checkbox"/> Jig <input type="checkbox"/> Rubber <input type="checkbox"/> Other (please specify): _____
*State Fish Caught in:	*Lake: _____ *County: _____ * Providence (if out of State/Country) _____

Contact Information:			
*Last Name	*First		
*Street Address			*Apt #
*City	*State	*Zip	
*Home Phone ( )	Cell Phone ( )		
Email Address			

*Member Signature:	Date:
*Witness Signature:	*Phone Number:

