

Musky Registration

Only members may qualify for Bill's Musky Club awards. Please print legibly and fill out entire form or email an electronic website form. If no witness is available at the time of the catch, mail form or email details with a time dated picture of the catch no later than 30 days after the catch. **Bill's Musky Club will not recognize kept fish for awards.**

Mail or Email to:
 Bill's Musky Club, Inc.
 PO Box 476
 Schofield, WI 54476
 or email jmicholic55@gmail.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.

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

Fish Information:	
*Condition of the Fish	<input type="checkbox"/> Released
*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"/> Spinnerbait <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:

