

South Carolina Governor's Cup Billfishing Series Released or Tagged and Released Billfish Affidavit



We the undersigned do hereby swear and attest to the authenticity of the below described billfish. We further swear and attest that the fish was: (1) caught in full accordance with all state and federal laws and the rules of the tournament being fished; (2) caught in accordance with rules of the South Carolina Governor's Cup Billfishing Series (including rule #2: that the vessel did not knowingly fish on a FAD); (3) properly released or tagged and released in good condition without being gaffed or otherwise injured and that the information contained herein is true and correct.

We understand that to sign this affidavit falsely attesting to the legitimacy of this catch will constitute an act of fraud and result in disqualification.

Date of catch:	Vessel name:		
Species:	Release Time:	Lady	Youth
Species:	Release Time:	Lady	Youth
Species:	Release Time:	Lady	Youth
Species:	Release Time:	Lady	Youth
Species:	Release Time:	Lady	Youth
Species:	Release Time:	Lady	Youth
Attested by: (All parties over the age	of 18 years aboard vessel requ	uired to sign)	
Name: (Please print legibly)	Signature:	Dat	te:
1			
2			
3			
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3			
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Date of catch:	Vessel name:		75 OF NATURAL P		
Anglers Information: Please list billf	ish in order of release tim	e.			
Species:	Release Time:	Hook removed or Li	ne cut _		
Angler name:	Age: E-mai	1:			
Angler address:	Phone:				
City:	State:	Zip code:			

City:		State:	Zip code:		
Species:	Release Time:		Hook removed _ or Line cut _		
Angler name:	Age:	E-mail:			
Angler address:	Phone:				
City:		State:	Zip code:		
Species:	Release T	Time:	Hook removed _ or Line cut _		
Angler name:	_ Age:	E-mail:			
Angler address:	Phone:				
City:		State:	Zip code:		
Species:	Release T	Time:	Hook removed _ or Line cut _		
Angler name:	Age:	E-mail:			
Angler address:	Phone:				
City:	S	State:	Zip code:		
Species:	Release T	Time:	Hook removed _ or Line cut _		
Angler name:	Age: E-mail:				
Angler address:	Phone:				
City:		State:	Zip code:		
Species:	Release T	Sime:	Hook removed _ or Line cut _		
Angler name:	Age:	E-mail:			
Angler address:	Phone:				
City:		State:	Zip code:		

MUST BE TURNED IN TO SCDNR OR WEIGHMASTER PRIOR TO CLOSE OF SCALES ON THE DAY OF CATCH