

Greater City Aquarium Society Breeders Award Application Form

Name of breeder: _____

Fish name (Latin): _____

Common name (if any): _____

Is this fish in the CARES program? _____

Date spawned: _____

Witness signature: _____

Date presented at meeting: _____

Witness signature: _____
(must be at least 60 days after spawning)

PROGRAM USE ONLY

_____ + _____ + _____ = _____
Points for species First breed CARES Total points

Certificate # : _____