

**Breeders Award Program
Champaign Area Fish Exchange, Inc.
Reporting Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date: _____

Breeding Report:

Genus: _____

Species: _____

Common Name (if applicable) _____

Spawning Date: _____

Number of Fry at Hatch : _____ Number of Fry at 30 days: _____

Spawning Type: _____
(Livebearer, Substrate, etc..)

Tank Size: _____

Optional Information:

Tank Set-Up _____

Water Temp: _____ Live Plants? _____

Type of Filtration: _____

Food (Adults and Fry): _____

Other Comments: _____
