

CENTRAL NEW YORK AQUARIUM SOCIETY BAP REPORT FORM

Class Assigned _____

Points Awarded _____

Breeder's Name: _____

Species _____ Common Names: _____
(Scientific Name)

Publication Cited for Identification: _____ Page: _____

Or Website for Identification: _____

(Please attach print out from website. This is required for internet identification.)

Aquarist's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Class D or E Only (at 1 week) _____ Date: _____

Witness Signature

Completed Article () ; Talk ()

Specialty Class Only: Class in which you would like your fish to be placed: _____

Date Requirement:

Egglayers Spawning _____ Hatching _____
Mouthbreeders Release _____ Livebearers Birth _____

Information on Breeding:

Tank Size _____ Tank Temp. _____ pH _____ DH _____
Filter Type _____ Water Change Frequency _____
Water Change Volume _____
Types of Food Feed (Circle all that apply) Live, Frozen, Flake, Freeze Dried,
Other _____ Frequency Feed _____
Number of Eggs Laid _____ Place Laid _____
Number of Fry at Birth/Hatching _____ Number of Fry at 30 days _____

Aquarium Setup: (Gravel, plants, other fish, etc.)

Parental Spawning Behavior:

Ease of Raising Fry:

Points are NOT awarded for incomplete forms