

OFFICE USE ONLY:

Date Received ..... Claim No .....

Certificate of Incorporation # A12794D



# Victorian Cichlid Society Incorporated

## BAA Spawning Registration

Name .....

Address .....

..... PC .....

Scientific Name: .....

Common Name (if any): .....

Source of Identification: .....

Hatching Date: ...../...../..... Parents Sighted: yes / no

Witness (please print): .....

Signed: ..... Date: ...../...../.....

***Fry witnessed after 60 days.***

Witness (please print): .....

Signed: ..... Date: ...../...../.....

*I do hereby declare that the above statements are correct to the best of my knowledge ...*

Signed: .....

THIS FORM SHOULD BE REGISTERED WITHIN 30 DAYS OF COMPLETION.  
*Please write clearly, and in ink.*

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