# Ticket Holder Catch Return

PTO for additional information required

Carloway Angling Club

Community Owned Fishery

## Name………………………………… Address……………………………… Membership/Ticket No. …………..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All salmon are catch and return only | SalmonHeavier than 6lb | GrilseLess than 6lb | Sea Trout | FinnockLess than 1lb | Farmed Escaped Salmon |
| Number | Total Weight | Number | Total Weight | Number | Total Weight | Number | Total Weight | Number | Total Weight |
| May | Kept |  |  |  |  |  |  |  |  |  |  |
| Released |  |  |  |  |  |  |  |  |  |  |
| June | Kept |  |  |  |  |  |  |  |  |  |  |
| Released |  |  |  |  |  |  |  |  |  |  |
| July | Kept |  |  |  |  |  |  |  |  |  |  |
| Released |  |  |  |  |  |  |  |  |  |  |
| August | Kept |  |  |  |  |  |  |  |  |  |  |
| Released |  |  |  |  |  |  |  |  |  |  |
| September | Kept |  |  |  |  |  |  |  |  |  |  |
| Released |  |  |  |  |  |  |  |  |  |  |
| October | Kept |  |  |  |  |  |  |  |  |  |  |
| Released |  |  |  |  |  |  |  |  |  |  |

Carloway River System is a grade 3 fishery – all salmon must be released. Your cooperation is appreciated.

Please return to the place of purchase or in envelope provided to Carloway Estate Trust, Carloway Community Centre, Knock, Carloway, Isle of Lewis, HS2 9AU.

Year……………..


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Carloway Angling Club

Community Owned Fishery

## Name………………………………… Address……………………………… Membership/Ticket No. …………..

## Please record all days fished (including days when no fish are caught):

|  |  |  |
| --- | --- | --- |
| Month | Number of Days fishedTally (optional) | Number of Days FishedTotal (required) |
| May  |  |  |
| June  |  |  |
| July  |  |  |
| August |  |  |
| September |  |  |
| October |  |  |

Please return to the place of purchase or in envelope provided to Carloway Estate Trust, Carloway Community Centre, Knock, Carloway, Isle of Lewis, HS2 9AU.

**Thank you**