Statewide Quick Reporting Summary Sheet-SALMON

email cgray@skokomish.org
or phone in 1-360-490-8467 FAX 360-877-5148

Dealer Name _____ BUYER # _____ Purchase Date _____

Buying Location _____ Todays Date _____

Contact Name _____ **phone#** _____

	FISH TICKET # (include alpha)	Gear Type	Catch Area	# of days fished		CHUM	COHO	CHINOOK
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			
Ticket #					Qty			
Name					Lbs.			