

EEL OBSERVATION RECORDING FORM

All answers will be treated in the strictest confidence

Name:

Address:

Telephone Number:

E-mail:

Would you like to receive newsletters about the Indicang Project:

Yes/No*

Would you like to receive newsletters about the Indicang Project:

Yes/No*

River and location of eel capture *(Name/Grid Reference/description):*

Method of capture:

Length of eel *(inches/cm*):*

Weight of eel *(lb/oz/kg/grms*):*

Life history stage of the eel:

Yellow/Silver*

*Delete as applicable

† Time taken to capture eel can be used as volunteer contribution to the project resulting in valuable match funding which ensures its successful continuation