

**MIRAMICHI
REGULAR CROWN RESERVE
CREEL CENSUS**



DEAR PARTY CHIEF:

At the end of your fishing trip, please complete this form for **each party member for each day fished**. If any party member did not fish on a particular day, please indicate by entering "0" in the "Number of hours fished" section on that day for that angler. When the form is complete, please mail it in the postage-paid envelope that has been provided to: **Regional Biologist, Dept. of Natural Resources and Energy Development, 80 Pleasant Street, Miramichi, N.B. E1V 1X7**. Thank you.

Stretch: _____ River: _____

Party Chief: _____ Start Date: _____
Surname First Name (yyyy / mm / dd)

Number of hours fished	ATLANTIC SALMON		BROOK TROUT					
	Number of grilse released	Number of salmon released	Number of trout kept			Number of trout released		
			<25 cm (<10 in)	25-30 cm (10-12 in)	>30 cm (>12 in)	<25 cm (<10 in)	25-30 cm (10-12 in)	>30 cm (>12 in)
Angler 1								
Day 1								
Day 2								
Day 3								
Angler 2								
Day 1								
Day 2								
Day 3								
Angler 3								
Day 1								
Day 2								
Day 3								
Angler 4								
Day 1								
Day 2								
Day 3								

Were you satisfied with your angling experience?

	Yes	No
Camp / Camp site	<input type="checkbox"/>	<input type="checkbox"/>
Roads	<input type="checkbox"/>	<input type="checkbox"/>
Trails	<input type="checkbox"/>	<input type="checkbox"/>
Signage	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional comments on camp facilities, roads, trails, signage, evidence of illegal activities, etc.?
