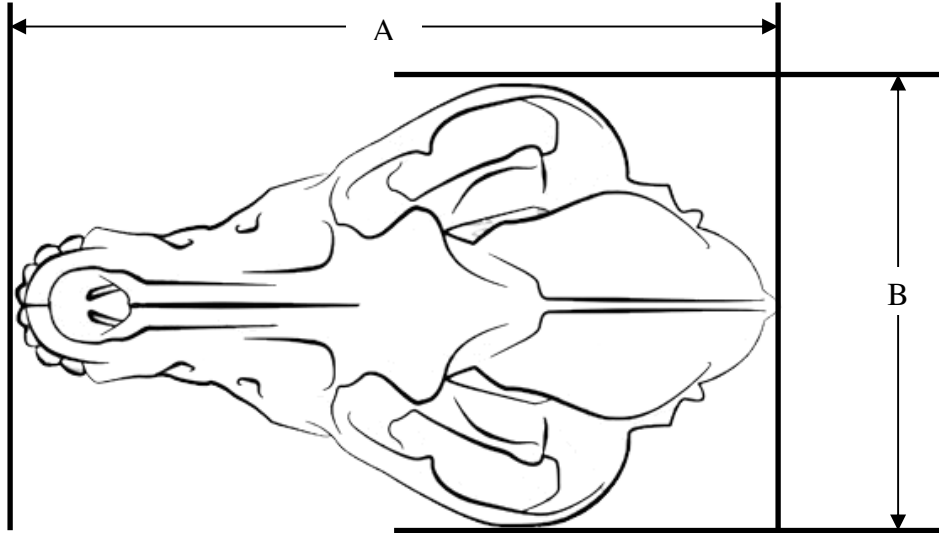


WOLF & COYOTE SCORE FORM



SPECIES _____

A. GREATEST LENGTH OF SKULL _____

B. GREATEST WIDTH OF SKULL _____

C. TOTAL & FINAL SCORE _____

LOCATION OF KILL _____ DATE KILLED _____

HUNTERS NAME _____ TELEPHONE # () _____ - _____

ADDRESS / CITY / PROVINCE / COUNTRY / POSTAL

I MEASURER PRINT NAME, CERTIFY THAT I HAVE MEASURED THIS SKULL.

SIGNATURE _____

There is no
Minimum Score

Please send you completed form and photo to:

A.T.B.A. Historical Records Keeper

MAIL: