Cockermouth Angling Association **Season Fishing Return**

Anglers Name _____ **Date** _____

Please note that the accurate completion of this form is a condition of permit.

Section 1 - River Derwent Castle Fisheries Water

Date	Time	Pool	Ht of River	Salmon M / F	Grilse	Sea Trout	Weight	Name of Fly or Lure	Remarks

TOTAL NUMBER OF SESSIONS FISHED ON CASTLE WATER _____

Section 2 - River Derwent CAA Water (Left Bank Crossa to fence at Iron Bridge Stream)

Date	Time	Pool	Ht of River	Salmon M / F	Grilse	Sea Trout	Weight	Name of Fly or Lure	Remarks

TOTAL NUMBER OF SESSIONS FISHED ON CAA WATER _____

Section 3 - River Cocker

Date	Time	Pool	Ht of River	Salmon M / F	Grilse	Sea Trout	Weight	Name of Fly or Lure	Remarks
Stanger Fishing									

TOTAL NUMBER OF SESSIONS FISHED ON THE COCKER _____

Please return the completed form by the 30th November to the Hon. Secretary
Nil returns must also be submitted.