



Aquarium Society of Winnipeg
2020 Bowl Show

Name: _____
Address: _____
City: _____ **Postal Code:** _____
Email _____ **Phone:** _____

Item #	Latin Name of Fish (required)	Common Name (optional)	Gender
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Please fill out your form and hand in to an ASW executive on the day of the show.
If you have any questions, please email the ASW executives (info@asw.ca)