



## The Indiana Cichlid Club BAP Submission form

Member Name: \_\_\_\_\_ Chapter: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

Species ID:

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Family\* Genus species subspecies location/strain

Please enter correct Family name

Parent Fish Information

Male Size: \_\_\_\_\_ Age: \_\_\_\_\_ Female Size : \_\_\_\_\_ Age: \_\_\_\_\_

Obtained from : \_\_\_\_\_

Obtained from : \_\_\_\_\_

Special care leading up to spawning:

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Water/Tank conditions

Tank size: \_\_\_\_\_ Dimensions: \_\_\_x\_\_\_x\_\_\_ pH: \_\_\_\_\_ Temp: \_\_\_\_\_

Hardness: \_\_\_\_\_

Decorations:

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Lighting and filtration

Lighting Type: \_\_\_\_\_ Watts: \_\_\_\_\_ Duration of Lighting: \_\_\_\_\_

Aeration: \_\_\_\_\_ Type of Filtration: \_\_\_\_\_

Fry information

# Eggs: \_\_\_\_\_ # Fry: \_\_\_\_\_ First Food: \_\_\_\_\_

Other requirements:

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