

Okay to Publish on Website: _____

Greater Portland Aquarium Society

BAP Submission Form

Mailing address: GPAS, P.O. Box 6752, Portland, OR 97228-6752 gpaspdx@gmail.com www.GPAS.club

Member Name:			Member Num	ber: D	ate:/
Species Name:					
	Genus	Species	Sub	species	Location/Origin
Family*:			Common Name:		
	I	Parent Inf	formation:		
Male:			Female:		
Size:		Size:			
Obtained From:			Obtained From:		
Special care leading			x Conditions		
Tank Size:	_ Dimensions: _	X	x pH:	Temp:	Hardness:
Decorations:					
Aeration:	Type of Filtration:				
Lighting Type: Watts: _				Duration o	of Lighting:
		Fry Info	ormation		
# Eggs:	# Fry: First Food:				
Other Requirement	s:				