MONTANA BOARD OF OUTFITTERS

FISHING OUTFITTER CLIENT REPORT LOG

Clear Form

For use with Rotating Guide Schedule

Outfitter Name: _____ License #: _____Year: _____ Page _____ of ____

Service Date(s)	Board Required Information		Stream or Lake Used	Section Stream
	Client Name:			
	Client License # (Date of Birth + ALS#):			
	Outfitter Assistant Name:			
	Guide #1 Name:	Guide License #		
	Guide #2 Name:	Guide License #		
	Guide #3 Name:	Guide License #		
	Guide #4 Name:	Guide License #		
	Guide #5 Name:	Guide License #		
	Guide #6 Name:	Guide License #		
	Guide #7 Name:	Guide License #		

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