**INFORME DE RESULTADOS DE CAMPEONATO DE PESCA RECREATIVA O SUBMARINA**

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| 1. **ANTECEDENTES ORGANIZACIÓN**

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| **Nombre persona/****institución organizadora** |  |
| **E-mail** |  | **Teléfono** |  |
| **Nro. Resolución Exenta** |  | **Fecha** **Res. Exenta** |  | **Fecha Campeonato** |  |
| **Lugar campeonato** |  |

**­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** NOMBRE, NRO. IDENTIFICACIÓN Y FIRMA |

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| 1. **RESULTADOS DE CAMPEONATO**

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| **Nº participantes** |
| **Hombres** |  | **Mujeres** |  |
| **Nº participantes exentos de licencia** |
| **Hombres** |  | **Mujeres** |  |
| **Total Nº participantes**  |  |

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| **Tipo de agua** (indicar con “X”) |
| Marítima |  | Continental |  |

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| **Pesca embarcada** (indicar con “X”) |
| Sí |  | No |  |

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| **Modalidad de pesca recreativa** (indicar con “X”) |
| Pesca de lanzamiento |  | Pesca con mosca |  |
| Pesca de curricán o *trolling* |  | Pesca submarina |  |

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| **Actividad de fiscalización** (indicar con “X”) |
| **Sí** |  | **No** |  |
| Si la respuesta es Sí, indique quién realizó la **fiscalización** |
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| **Actividad de desinfección** (indicar con “X”) |
| **Sí** |  | **No** |  |
| Si la respuesta es Sí, indique quién realizó la **desinfección** |
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| **Especies capturadas** |
| **Nº ejemplares** | **Nombre común especie** | **Total Kilos** |
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| **Especies devueltas** |
| **Nº ejemplares** | **Nombre común especie** | **Total Kilos** |
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