RAS Data Sheet

SPECIES:.....YEAR: .....NAME OF RINGER/GROUP:.....

PERMIT No: .....RAS NUMBER:..... SHEET No ..... OF .....

RAS

New, Retrap, Control or Sighting N/R/C/O/S?	Ring number	Date	Age	Sex	BP/ CP	Site name (three-letter code if registered with Ringing Unit, otherwise in full)	Optional data			
							Wing length	Weight	Time of weighing	Primary moult score

New, Retrap, Control or Sighting N/R/C/O/S?	Ring number	Date	Age	Sex	BP/ CP	Site name (three-letter code if registered with Ringing Unit, otherwise in full)	Optional data			
							Wing length	Weight	Time of weighing	Primary moult score

Please return this form to: Retrapping Adults for Survival, BTO, The Nunnery, Thetford, Norfolk IP24 2PU
Please use IPMR instead to submit data, if that is a viable alternative for you.