

KLAMATH SPORTSMAN'S PARK
MEMBERSHIP 2024-2025
ANNUAL FEE: \$ 70.00

PLEASE PRINT

NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ E-MAIL _____

PLEASE READ AND SIGN THE WAIVER ON THE BACK. YOU WILL ALSO NEED TO SIGN IN AT THE KIOSK EACH TIME YOU VISIT THE PARK. THIS MEMBERSHIP IS VALID FOR YOU, YOUR SPOUSE, AND ANY CHILDREN UNDER THE AGE OF 18.

THIS WILL COVER YOUR MEMBERSHIP FROM 6-1-24 THROUGH 5-31-25
(www.klamathsportsmenspark.com)

MAIL TO : KSP MEMBERSHIP
P.O. BOX 596
KLAMATH FALLS, OR. 97601

THANK YOU;
LEW STORK
VICE PRESIDENT/MEMBERSHIP

new: _____

_____ (please sign waiver on back)

renewal: _____
(last years number)