

**Worcester Surf Casting Club Request Form** (fill out both copies)

Name: \_\_\_\_\_ Member #: \_\_\_\_\_ Site #: \_\_\_\_\_

Request type:

Phone: \_\_\_\_\_

☐ Permanent site

Email: \_\_\_\_\_

☐ Temporary site

☐ Safari site

☐ Tree removal

☐ Check (made out to: \_\_\_\_\_)

☐ Cash (for: \_\_\_\_\_)

☐ Other (explain: \_\_\_\_\_)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Member copy**

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**Club copy**