

WESTSHORE SPORTSMAN'S CLUB

11267 LAKESHORE ROAD TWO RIVERS, WI 54241

\$5.00 A day Guest Fee Pass

I, _____ am a guest and accompany with

(NAME)

_____ on _____.

(MEMBERS NAME)

(DATE)

I understand that by signing below, I will not hold Westshore liable for any theft or injury. I also understand that I must follow all of Westshore's rules

Signature : _____