



MIFFLIN COUNTY SPORTSMEN'S ASSOCIATION



CAMPING PERMIT

[Please Print Plainly](#)

Name of Member _____ Current membership no. _____

Address _____

Phone no. _____ DOB _____ E-mail address _____

Vehicle license no _____ Person Registered to _____

Signature _____ Check no. _____

By my signature I am assuming responsibility for myself and the others listed below.

[Others in your party](#)

Name _____ Current membership no. _____ Guest _____

Address _____

Phone no. _____ DOB _____ E-mail address _____

Vehicle license no _____ Person Registered to _____

Name _____ Current membership no _____ Guest _____

Address _____

Phone no _____ E-mail address _____

Vehicle license no. _____ Person Registered to _____

Name _____ Current membership no _____ Guest _____

Address _____

Phone no. _____ E-mail address _____

Vehicle license no _____ Person Registered to _____

Date (s) camping _____ Site # _____

Name of officer issuing permit _____ Signature _____

MAIL PERMIT AND CHECK (or M.O) PAYABLE TO M.C.S.A. TO:
Joe Ficarro
335 E. Bishop St. Apt. A
Bellefonte, PA 16823