

Lawnside Historical Society, Inc.
Trip Registration Form
(Please make a copy for your records.)

Trip Destination: _____

Trip Date(s): _____

Traveler(s): _____

Address: _____ Apt. No. _____

City: _____ State: _____ ZIP Code: _____

Phone: () _____ FAX: () _____ CELL: () _____

E-mail: _____

(Please select one below)

Minimum Deposit \$ _____ Full payment \$ _____ Other \$ _____

Return completed form with payment to:

Lawnside Historical Society, Inc.
P.O. Box 608
Lawnside, NJ 08045-0608
Telephone: (856) 546-8850
E-mail: LHS@PeterMottHouse.org

Trips depart from Lawnside Borough Hall, 4 Douglas Avenue (off Warwick Road),
unless otherwise noted. You will receive a written confirmation from the Society.

Thank you

LHS Office Use Only

Date Received: _____

Initialed by _____

Amount Received: \$ _____ Check No. _____ Bank _____

Balance Due: \$ _____

Confirmation Sent: _____