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)
o Minimum Deposit $ ________
o Full payment $ __________
o 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

o Date Received: ________________________________
o Initialed by __________________________________
o Amount Received: $ ________ Check No. ______
Bank: __________________________
o Balance Due: $ __________________________
o Confirmation Sent: __________________________