

# CAPE CHARLES LIGHTHOUSE TRIP

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Number of Guest \_\_\_\_\_

Make \$80.00 (per person) check payable to NJLHS

Mail to Mike Boucher, 15 Starrow Dr., Newburgh, NY 12550