

YES! I want to participate in the Annual Historic Cape May Weekend. Enclosed is my payment. Please make your check payable to OCSJ

Name: _____

Phone # _____

Address _____

E-mail address _____

I prefer (circle selection)

single room 1 beds w/private bath, - \$350

double room 1 beds w/private bath - \$500

double room 2 beds w/private bath - \$570

I will be sharing my room with: _____

I am interested in leading an activity: hiking____biking____kayaking____

Will you lead an activity? _____

Return this form to Jim Bodnar, PO Box 493,Medford, NJ 08055