

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)

double room 1 bed w/shared bath,

double room 2 beds w/private bath,

single room with shared bath or single room w/ private bath

I will be sharing my room with: _____

I am interested in leading an activity: hiking____biking____kayaking____

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