

Order Form

Kal-Haven Trail Annual Passes Individual Pass - \$15.00

Name: _____

Address: _____

Phone: _____

Amount Enclosed: \$ _____

Pass No. Issued: _____ Date Issued _____

Please send checks only to:

Van Buren County Road Commission

P.O. Box 156

Lawrence, MI 49064

Office - (269) 674-8011, Fax (269) 674-3770

Email: vbrc@comcast.net

Web Site: www.vbco.org/government0129.asp

(Please make checks payable to "Van Buren County")

Order Form

Kal-Haven Trail Annual Passes Family Pass- \$35.00

Name: _____

Spouse/Partner Name: _____

Address: _____

Phone: _____

Amount Enclosed: \$ _____

Pass No. Issued: _____ Date Issued _____

Please send checks only to:

Van Buren County Road Commission

P.O. Box 156

Lawrence, MI 49064

Office - (269) 674-8011, Fax (269) 674-3770

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