

Order Form

Kal-Haven and Van Buren 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 49264
Office - (269) 674-8011, Fax (269) 674-3770
Email: vbrc@comcast.net
Web Site: www.vbco.org/government0129.asp

Order Form

Kal-Haven and Van Buren 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:

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P.O. Box 156
Lawrence, MI 49264
Office - (269) 674-8011, Fax (269) 674-3770
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