

THE STAMFORD HISTORICAL SOCIETY

**Yes, I Want to Reserve for the Museum Trip to
The Forence Griswold Museum
Thursday June 12, 2008**

Print, complete, and mail this form, along with your check, to:

**The Stamford Historical Society
1508 High Ridge Rd.
Stamford, CT 06903**

Seats are limited, so please reserve your tickets early!

Yes, I would like to reserve ___ (#) of seats for the Spring 2008 trip to the Florence Griswold Museum, for the individual(s) listed below.*

Enclosed is my check for \$_____ payable to THE STAMFORD HISTORICAL SOCIETY, INC.

____ (#) Members @ \$90

*Note: For membership information, call (203) 329-1183 or visit
<http://www.stamfordhistory.org/MSJoin.htm>*

____ (#) Non-members @ \$95

_____ (\$) **Total amount enclosed**

Name of Attendee* _____

Address _____

City _____ State _____ Zip _____

Phone _____

Choice of Luncheon Entrée (*please select one*):

- Chicken Breast stuffed with Mozzarella Cheese and Spinach
- Grilled Salmon
- Pasta with Artichoke Hearts and Roasted Garlic & Tomatoes

*Additional attendees may be listed here:
