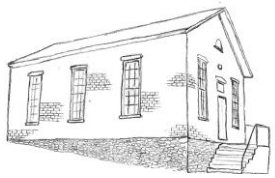

LEHIGH TOWNSHIP HISTORICAL SOCIETY

25th Anniversary Historical Tour of the Township

Saturday, October 24, 2026

RESERVATION INFORMATION

- Reservations for seats on the tour will be filled on a first come-first served basis. Deadline for paid reservations is ~~October 19th~~.new: October 21st. Call 610-440-0151 for more information. Please complete this form to show the number of seats to be reserved for your preferred tour time. Indicate your second-choice time in case your first-choice tour time is full.
- If both the 11:00 am and 12:30 pm tours are full, we will add your order to a cancellation/wait list if requested on your order. We will confirm your reserved tour time as soon as possible.
- Please be aware that we will be traveling on a school bus which is NOT handicapped accessible.
- Cancellation/Refund Policy: We will not refund any confirmed reservations after October 19th. If you have confirmed reservations and you know prior to October 19th that you need to cancel, please contact Ruth Kent at 610-390-1665 or email LTHS @ lehightwsphistorical@rcn.com to request a refund.
- Please mark your calendar to arrive at least 20-30 minutes prior to your scheduled tour time.
- Tours will depart from the parking lot at St. Paul's UCC Indianland - 780 Almond Rd., Walnutport.

***Please make check or money order payable to:* Lehigh Township Historical Society**

Please do not mail cash, however we will accept cash for reservations made in person.

MAIL PAYMENT with the bottom of this form to: **3811 Lehigh Dr. Northampton, PA 18067**

KEEP for your records: Receipt of payment for Tour Time _____:

 # Reservations _____, Date:_____ $_____ paid by Ck#_____ or Cash_____

Cut apart here - Top part is customer receipt - - - Mail bottom with payment

"25th Anniversary Historical Tour of the Township" Tour Reservation

TOUR START TIME	# Adults & Children (age 6+) @ $ 10 ea	# Children Under age 6 @ $ 5 ea	Second choice tour time	TOTAL Number of Reservations	TOTAL PAYMENT
11:00 am					$
12:30 pm					$
wait list YES or NO _____			TOTAL AMOUNT ENCLOSED		$

Name: _____ Phone # _____ Text OK ___

Other Names: _____

Address: _____

Email Address: _____

For Office Use only: Date Paid _____ Cash_____ Check No ._____ Amount $_____ Rcvd by_____

Rev August 2026