

HUDSON CROSSING PARK ~ RAFFLE TICKET FOR ONE WEEK @ SEA CREST RESORT

NAME _____
ADDRESS _____
TELEPHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____

PLEASE
MAIL WITH YOUR
CHECK TO:
P.O.B. # 144
SCHUYLERVILLE,
N.Y. 12871

Sold by: _____

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