Dundalk Patapsco Neck Historical Society & Museum, Inc.
Defenders Day at North Point

INVOICE

UNIT NAME _____

Name	Soldier	Civilian
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

Name	Soldier	Civilian

TOTAL _____

Unit Roster Verification _____
(Unit Officer Signature)

Stipend Information
Make Check payable to: _____
Mailing Address _____
_____
_____