

MTA/NJ Christmas Party Reservation Form

December 13, 2018 6:30 PM- 10:30 PM

Company Name: _____

Name(s): _____

Phone: _____ Email: _____

Attending @ \$75/person: _____ Amount Enclosed: \$_____

MENU SELECTIONS

(Please include entrée choice for each person attending.)

Filet of Sole Stuffed with Lobster & Lump Crab with citrus butter sauce and fresh lemon
 Herb Roasted French Breast of Chicken in a sherry reduction
 Sliced Roasted NY Strip Steak with wild mushroom sauce

Payment (Select One): Credit Card Check Enclosed (Make payable to the MTA/NJ)

Business: _____

Contact: _____ Email: _____

To pay via **credit card** please fill out the following information:

Card Number: _____

Name on Card: _____ Exp. Date: _____ CVC Code: _____ Billing Zip: _____

Signature: _____

Please RSVP by December 3, 2018.

Confirmation and directions will be mailed upon receipt of your reservations.



Complete Reservation Form & mail copy w/payment or fax to:
2516 State Highway 35, Suite 201 | Manasquan, NJ 08736
P: (732) 292-1051 F: (732) 292-1041 | mtanj.org | info@mtanj.org