

MTA/NJ Christmas Party Reservation Form

December 14, 2017 6:30 PM- 10:30 PM

Company Name: _____

Name(s): _____

Phone: _____ Email: _____

Attending @ \$70/person: _____ Amount Enclosed: \$ _____

MENU SELECTIONS

(Please include entrée choice for each person attending.)

_____ Chicken Marsala _____ Pasta Primavera with Fresh Herbs, Garlic and Oil
_____ London Broil with Madeira Wine 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:

Name As It Appears On Card: _____

Card Number: _____ Exp. Date: _____ CVC Code: _____

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Signature: _____

Please RSVP by December 1, 2017.

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