



TESTIMONIAL DINNER HONORING  
NEW JERSEY DEPARTMENT COMMANDER

***Darryl J. Reid***  
2017 - 2018

Sunday – April 15, 2018

Spring Lake Manor  
415 Hwy 71  
Spring Lake, NJ 07762

**1:00 pm: Hors d'oeuvres / 2:00 pm: Dinner with Cash Bar / 3:00 pm: Program**  
One Complimentary Drink Ticket Per Guest ~ Beer ~ Wine ~ Sangria ~ or House Drink

Assortment of Imported & Domestic Cheeses, Crackers, Fresh Raw Vegetables,  
Grilled Marinated Vegetables, Wet Mozzarella, Jersey Tomatoes, & Italian Provisions

Donation \$45.00 P/P

***“RESERVATIONS MANDATORY”***  
***Dinner Reservations must be received by: April 7, 2018***

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Please mail reservations to:  
Margaret C. Quirk  
P O Box 446  
Whiting, NJ 08759-0446

Please make checks payable to: American Legion Post 178 CF

(A) Flank Steak Marsala      (B) Grilled Salmon      (C) Chicken Florentine      (D) Penne Vodka  
Five Leaf Salad w/ a Citrus Vinaigrette Dressing, Dinner Rolls & Butter  
All entrées served with seasonal vegetables and starch, Dessert Platter, Coffee, Decaf, assorted Teas

ENCLOSED PLEASE FIND: \$ \_\_\_\_\_ COVERING \_\_\_\_\_ RESERVATION (s)  
Please note your dinner choice in the Parenthesis next to name below, Please Print

Name: \_\_\_\_\_ ( ) County \_\_\_\_\_ Post/Unit/Squad \_\_\_\_\_

Name: \_\_\_\_\_ ( ) County \_\_\_\_\_ Post/Unit/Squad \_\_\_\_\_

Name: \_\_\_\_\_ ( ) County \_\_\_\_\_ Post/Unit/Squad \_\_\_\_\_

Name: \_\_\_\_\_ ( ) County \_\_\_\_\_ Post/Unit/Squad \_\_\_\_\_



**TESTIMONIAL DINNER  
HONORING  
DARRYL J. REID  
PROGRAM BOOK**

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RETURN TO:  
Doreen Gallagher  
26 Willow Dr Apt 7A  
Ocean, NJ 07712  
E-mail: [doreengal@hotmail.com](mailto:doreengal@hotmail.com)

**Please return on or before April 1, 2018**

**INDICATE AD DESIRED**

| CHECK ONE | TYPE         | AMOUNT  |
|-----------|--------------|---------|
|           | Full Page    | \$50.00 |
|           | Half Page    | \$30.00 |
|           | Quarter Page | \$20.00 |

Attach AD Copy or print clearly

Make checks payable to: "AL MCEC"

Enclosed is a check or money order in the amount of \$\_\_\_\_\_.

Signature: \_\_\_\_\_ From: \_\_\_\_\_



**TESTIMONIAL DINNER  
HONORING  
DARRYL J. REID  
BOOSTERS**

Boosters listing - \$1.00 per name or \$2.00 per Name and Title

Please PRINT ALL Names Clearly

- |           |           |
|-----------|-----------|
| 1) _____  | 12) _____ |
| 2) _____  | 13) _____ |
| 3) _____  | 14) _____ |
| 4) _____  | 15) _____ |
| 5) _____  | 16) _____ |
| 6) _____  | 17) _____ |
| 7) _____  | 18) _____ |
| 8) _____  | 19) _____ |
| 9) _____  | 20) _____ |
| 10) _____ | 21) _____ |
| 11) _____ | 22) _____ |

**DEADLINE DATE FOR SUBMITTING BOOSTER LIST – April 1, 2018**

Payment for Booster Listing must accompany this form

Make checks payable to: AL MCEC

Return to: Doreen Gallagher  
26 Willow Dr Apt 7A  
Ocean, NJ 07712

E-mail: [doreengal@hotmail.com](mailto:doreengal@hotmail.com)

Submitted by: \_\_\_\_\_