

VHPAF 26th Annual Reunion Form

Sept 21 to Sept 23, 2018



1300 North Atlantic Avenue, Cocoa Beach, Fl. 32931

Phone: 321-392-1647

Name _____

Address _____

E-Mail _____ Phone# _____

Wife or significant other name: _____ "Needed for name tags"

Other Guest Names _____

Menu:

Chicken Marsala- Tender chicken breast, lightly breaded and topped with marsala wine & mushroom sauce.

Macadamia Nut Crusted Mahi Mahi- Fresh Mahi filet encrusted with breadcrumbs, macadamia nuts & drizzled with a silver rum sauce.

London Broil – Flame grilled tender London Broil sliced & served over a red bordelaise sauce.

Choice of Entree for Member: Chicken Marsala _____ Mahi-Mahi _____ London Broil _____

Choice of Entree for guests: Chicken Marsala _____ Mahi-Mahi _____ London Broil _____

Registration Per Attendees _____ x at \$25 = \$ _____

Number of Banquet Attendees _____ x at \$32 = \$ _____ (includes Tax and tip)

Total enclosed \$ _____

NOTE: If only attending the banquet, each member and wife/significant other must also pay the registration fee. Additional guests do not pay the registration fee.

Send completed applications with check payable to VHPAF to:
Tom Tomlinson, 1549 Orrington Payne Place, Casselberry, FL 32707