



Township of Lakewood

MUNICIPAL BUILDING
231 THIRD STREET
LAKEWOOD, NEW JERSEY 08701
732-364-2500 • FAX: 732-905-5991



Menashe P. Miller, *Mayor*
Albert Akerman, *Deputy Mayor*

Committee Members

Raymond G. Coles
Steven Langert
Meir Lichtenstein

April 8, 2014

To Whom It May Concern:

Lakewood Township will be having its annual Memorial Day Parade on Monday, May 26, 2014. The parade is a wonderful opportunity for the entire community to demonstrate their support for our esteemed veterans and for our selfless men and women currently in the service both there and abroad.

I would like to invite you and your organization to participate in Lakewood's annual Memorial Day Parade. It would be an honor to have you and your organization join us and participate in this event.

The starting time of the parade is 10:00am. All units are requested to be at their assigned location no later than 9:30am. (In case of inclement weather the ceremony will be postponed to a later date. To find out the status of the parade please call 732-363-0200 ext 8401.)

Enclosed please find a form for you to complete and return at your earliest convenience. If you know of another organization that might be interested in participating in our parade, please have them contact Sarah via phone at 732-364-2500 ext. 5973 or email at skay@lakewoodnj.gov.

When you return the participating form with the contact person's name and address, we will be able to provide him/ her with the pertinent information. If you should have any questions please contact Sarah at the above number.

Please be advised that, in response to requests, bus transportation will be available to transport the marchers from the lake back to the starting point of the parade.

Sincerely,

MENASHE P. MILLER
Mayor



**Veterans Advisory Committee
Township of Lakewood
Memorial Day Parade Monday, May 26, 2014
Response Sheet**

_____ will participate.
Name of organization

_____ will not participate.
Name of organization

Name and telephone number of person to contact:

Name: _____

Mailing Address: _____

Telephone: _____
Day *Cell*

_____ *Fax* _____ *Email Address*

Type of Organization _____

Approximately how many members will be marching and/or approximately how many vehicles will participate? _____

Additional Comments: _____

It is requested that each organization participating display a banner identifying its organization.

Please return this form to: Menashe Miller, Township
Liaison Veterans Advisory Committee
Municipal Building
231 Third Street
Lakewood NJ 08701
732-364-2500 x 5973 (Sarah)
Fax: 732-905-5991 Attention Sarah
Email: skay@lakewoodnj.gov

Thank you for your prompt reply.