

**Registration Form**  
**Harris Chain Cruise, Lunch & Wine Tasting Gathering**  
**February 23 2019**

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Boat Name \_\_\_\_\_

Manufacturer \_\_\_\_\_

Length \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ ACBS Member # \_\_\_\_\_

**Registration Cost:**

Cruise, Lunch & Wine Tasting..... # of people \_\_\_\_\_ \$23.00 per person includes Lunch, wine, Beer soft drinks or water.

**Lunch only with water or soda pop..... # of people \_\_\_\_\_ \$15.00 per person**

**Wine and/or Beer only..... # of people \_\_\_\_\_ \$8.00 per person**

Total .....# of people \_\_\_\_\_ .....Total \$ \_\_\_\_\_

Names of additional crew members: \_\_\_\_\_

Number of additional passengers I am willing to add to my crew \_\_\_\_\_

(Registration covers expenses for, barbeque, wine tasting & prizes)

**Please help me by registering early. (Registration closes on February 16, 2019)**

**Please read and sign the following statement:**

For myself and any member of my family, including all minors who accompany me or should otherwise participate in the above event, I hereby waive any claim for injury to my person, boat or equipment at the above named Harris Chain Event. I agree to hold harmless the Sunnyland Chapter of the Antique and Classic Boat Society and any and all other sponsors of that event, their employees, agents, and volunteers and assistants for any injury or loss suffered by me, my family, or any invitee during or in connection with the above mentioned event whether such injury or loss resulted directly or indirectly from the negligent acts or omissions of said sponsors, employees, volunteers, assistants or others connected with the above mentioned event. I understand that in order to participate in this event my boat must be adequately insured.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Boat Name \_\_\_\_\_

**Checks payable to: Sunnyland Chapter ACBS. Attach to registration form and liability waiver and mail to Jack Bingham 19651 Eagles View Circle, Umatilla, FL 32784. Phone 352-669-7634**