



Registration Form

**2019 Sunnyland Chapter Annual Meeting and Banquet
November 8 – 10, 2019, Mount Dora Yacht Club**

Name (Captain and First Mate): _____

Address: _____

City: _____

Phone #: _____ Cell #: _____ Email: _____

Additional Crew: _____

Boat Name: _____ Manufacturer: _____

Length: _____ Year: _____ Model: _____ Engine: _____ ACBS#: _____

Registration for Captain, First Mate, and Additional Crew. Everyone participating must register.

Registration: \$65.00 per person – Total Attending _____ Total \$ _____

The registration fee is per person and includes the Friday evening cocktail hour, Saturday cocktail hour and banquet dinner, and Sunday continental breakfast. We do need a head count for each event. Please let us know how many in your party will be attending each event:

Friday Cocktail Party # attending _____

Saturday Cocktail Party / Dinner # attending _____

Sunday Annual Meeting # attending _____

Important Notice

In order to accommodate the MDYC requirements for head count, we cannot accept any reservations nor grant any refunds after October 30th. We would appreciate it if you would please get your reservations in early.

Please read and sign the following liability waiver statement:

For myself and any member of my family, including all minors who accompany me or should otherwise participate in the 2019 Sunnyland Chapter Annual Meeting and Banquet at the Mount Dora Yacht Club, I hereby waive any claim for injury to my person, boat or equipment. I agree to hold harmless the Sunnyland Chapter of the Antique and Classic Boat Society for any injury or loss suffered by me, my family, or any invitee during or in conjunction with the event whether such injury or loss resulted directly or indirectly from negligent acts or omissions. I understand that in order to participate in this event, my boat must be adequately insured.

Signature: _____

Date: _____

Pay by check; we cannot accept it unless it is written on a US bank.

Please make check payable to: **Sunnyland Chapter, ACBS**. Attach check to registration form and signed liability waiver and mail to: **Joe Coleman, 1229 Shallowford Drive East, Jacksonville, FL 32225**. No refunds will be made after October 30, 2019.