Registration Form

2026 Sunnyland Chapter Annual Meeting and Banquet Weekend
6, 7, 8 November 2026 Mount Dora Yacht Club

Name (Captain and First Mate): _____

Address: _____

City: _____

Phone #: _____ Cell #: _____ Email: _____

Additional Crew: _____

IF BRINGING - Boat Name: _____ Manufacturer:_____ Length: _____

WILLING TO TAKE EXTRA PASSENGERS: YES or NO TOTAL EXTRA PASSENGERS:_____

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

Registration: $115.00 per person - Total Attending _____ Total $ _____
The registration fee is per person and includes the Friday evening cocktail party, Saturday light breakfast and poker run, Saturday lunch aboard Dora Queen, Saturday reception 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 (MDYC)	**# attending _____**
Saturday - Light Breakfast / Poker Run (MDYC)	**# attending _____**
Saturday - Lunch Aboard Dora Queen (Docks - Transient)	**# attending _____**
Saturday - Reception / Dinner (MDYC)	**# attending _____**
Sunday - Annual Meeting (MDYC)	**# attending _____**

Important Notice

In order to accommodate requirements, we cannot accept any reservations nor grant any refunds after October 23rd.

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 2026 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: _____

Please pay by check; we can only accept if drawn on a U.S. bank.
Make check payable to: **Sunnyland Chapter, ACBS** Mail your check and registration form to:
Mr. John Hough
905 Lake Shore Drive Suite 112
Lake Park, FL 33403

Information or help contact:
Tom Drozd tomdrozd@hotmail.com (312) 907-5779 or Danny Ross danrosssfd@yahoo.com (203) 808-2192

NO REFUNDS AFTER OCTOBER 23rd