

39th Annual Portage Lakes Antique & Classic Boat Show
North Coast Ohio Chapter of the Antique & Classic Boat Society
 Saturday, June 28th, 2014 ~ 9:00 - 3:00 PM ~ Rain or Shine
 "On Tap at the Harbor" and "Nicoletti's at Park Place" Restaurants
 562 Portage Lakes Drive, Akron OH 44319

Event Fees & Mail-in Registration

Participant Registration Fee: \$20.00 (Required if participating in any part of the event. Fee covers: self, mate, children and one primary display. For more than one boat, please copy this form and submit separately.) Please print clearly.

Name: _____ Mate's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/Mobile: _____ E-Mail: _____

Boat Registration: Water Display _____ Land Display _____ Boat Year: _____

Manufacturer: _____ Model: _____ Length: _____

Name on Transom: _____ Engine Type: _____ HP: _____

Would you like your boat to be judged? Yes _____ No _____ (Scoring sheets provided upon prior request)

Your Reservation:

Saturday Boat Show Participation (9-3:00 PM) _____ Boats @ \$20.00 ea. _____

Awards Dinner at Turkeyfoot Island Club _____ People @ \$25.00 ea. _____
 (Children's price is same as adults. Club limited to 100)

Boats for Sale/Non Show Participant at street level display _____ Boats @ \$20.00 ea. _____

TOTAL: _____

Guided Tour of Portage Lakes after show (approx. 3:00) Yes _____ No _____

Make checks payable to: North Coast Ohio Chapter ACBS (include this registration form with your check)

Mail To: **John Vorhies—Boat Show** Questions: (330) 802-1545
329 Mount Pleasant Rd
Clinton, OH 44216

Please read and sign the following statement:

I accept and assume full liability for any loss to me or my property at any time and any cause on the premises of the show and accompanying events. I expressly release On Tap at the Harbor, Nicoletti's at Park Place, North Coast Ohio ACBS, Portage Lakes Historical Society, The Antique & Classic Boat Society (ACBS) and the Turkeyfoot Island Club from liability for such loss or injury, and agree to provide and pay for my own insurance. I understand that if I am not a member of ACBS I am not covered under its insurance policies. I agree to provide and pay for my own liability and property insurance.

 Signature of Applicant Date