

LAKE COUNTY A'S 29TH SPRING OPENER

MAY 5th, 6th, & 7th, 2026

REGISTRATION FORM

Name (Please Print)

_____ Spouse/Guest _____

Passengers _____ Chapter _____

Address _____

(Street) (City/Town) (ZIP)

Email Address: _____ MAFCA# _____

Telephone: _____

2026 SPRING OPENER ITINERARY

TUESDAY, MAY 5th:

12:00pm-4:00pm: REGISTRATION - RAFFLE TICKETS AVAILABLE TO PURCHASE

5:00 PM - COCKTAIL HOUR – BYOB & COMPLIMENTARY WINE TASTING

6:00 PM- LAKESIDE BBQ DINNER (INCLUDED IN REGISTRATION)_

WEDNESDAY, MAY 6th:

7:00 – 9:00 – CONTINENTAL BREAKFAST – COFFEE/DANISH FOR S.O.GUEST ONLY

9:00AM - GUIDED TOUR LEAVING FROM SKYLARK SHORES RESORT

12:00pm-1:30PM: DELI BUFFET LUNCH AT ADAMS SPRINGS GOLF COURSE RESTAURANT (INCLUDED IN REGISTRATION)

5:00 :P.M. COCKTAIL HOUR – BYOB & COMPLIMENTARY WINE TASTING

6:00 P.M.: BANQUET DINNER (INCLUDED IN REGISTRATION)\ Menu's attached

7:00 P.M. – ANNOUNCEMENTS, RAFFLE, & AUCTION

7:00 – 9:00 - **THURSDAY MORNING** CONTINENTAL BREAKFAST -COFFEE/DANISH

TEE SHIRTS:

PLEASE KNOW THE T-SHIRTS ARE UNISEX SIZES. MEN SHOULD ORDER THEIR USUAL SIZE BASED ON THE FORM BELOW. WOMEN NEED TO ORDER ONE SIZE SMALLER BASED ON THE FORM BELOW (i.e. IF YOU WEAR A MEDIUM, ORDER A SMALL). THE T-SHIRTS ARE 50/50 AND WILL NOT SHRINK.

MEN-----SIZE: SM ___ MED ___ LRG ___ XLRG ___ \$27.00, 2X ___ \$29.00,
3X ___ \$31.00

TOTAL_____

REGISTRATION FEE IS \$167.00 PER PERSON AND MUST BE RECIEVED

NO LATER **THAN MARCH 28, 2026**

REGISTRATION FEE INCLUDES:

TUESDAY NIGHT DINNER, WEDNESDAY LUNCH, AND WEDNESDAY NIGHT BANQUET.

NUMBER IN YOUR PARTY x \$??? = *****TOTAL\$_____

GRAND TOTAL\$_____

REGISTRATION FORM MUST BE POSTMARKED BY MARCH 29, 2026

PLEASE MAKE CHECKS PAYABLE TO THE LAKE COUNTY A'S AND MAIL TO:

TOM BURNS, P.O. BOX 3024, NICE, CA 95464, (707-274-9325)

Confirmation will be sent to you by Email. Please return your completed Registration Form as soon as possible.

There will be No Refunds after March 29, 2025 as the number of guest would have been given to the event venues.

RELEASE: I hereby release MAFCA, the Lake County A's and all participating chapters and individuals from any and all liabilities. No registration will be granted or confirmed without the submittal of a signed registration form, which shall constitute acceptance of this release, signed on behalf of all family participants.

Signed Name _____

Printed Name _____

Date _____

Car Year & Model _____

License # _____

EMERGENCY CONTACT: NAME _____ PHONE # _____

If you would like to make an announcement, please write the name of the person/persons who would like to do it. Thanks.

Name _____

Club _____

Raffle Donation (if possible)
