

REGISTRATION FORM

UNIT or GROUP NAME: _____

Commander: _____

Unit/Group Contact: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ E-Mail: _____

CAMPING ARRANGEMENTS

CIVILIAN:
Number of Tents:
"A": _____ Wall: _____
Shelter: _____ Other: _____

MILITARY W/DEPENDANTS:
Number of Tents:
Wall: _____ "A": _____
Shelter: _____ Other: _____

MILITARY ONLY:
Number of Tents:
Wall: _____ "A": _____
Shelter: _____ Other: _____

Union: _____ Confederate: _____

Union: _____ Confederate: _____

Impression:

Branch of Service:
Infantry: _____
Medical: _____
Other: _____

Branch of Service:
Infantry: _____
Medical: _____
Other: _____

Civilian Mayors:
John & Elaine
Masciale

ARTILLERY AND CAVALRY ARE BY INVITATION ONLY.
If you would like to be considered for an invitation, contact
Col. Fratt (Union) or Col. Schultz (Confederate) for consideration

List of participants by Names (indicate rank (Indicate civilians as CIV)
PLEASE PRINT LEGIBLY.

- | | |
|----|-----|
| 1. | 8. |
| 2. | 9. |
| 3. | 10. |
| 4. | 11. |
| 5. | 12. |
| 6. | 13. |
| 7. | 14. |

Signature of authorized representative