

**HAINESVILLE CIVIL WAR ENCAMPMENT AND  
BATTLE 19 & 20 October 2024  
REGISTRATION FORM**

**Unit or Group Name:** \_\_\_\_\_

**Commander:** \_\_\_\_\_

**Unit/Group Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone Number: Email:** \_\_\_\_\_

**CAMPING ARRANGEMENTS**

**Civilian:**  
# of tents: \_\_\_\_\_  
"A": \_\_\_\_\_ Wall: \_\_\_\_\_  
Shelter: \_\_\_\_\_ Other: \_\_\_\_\_

**Military w/Dependents:**  
# of tents: \_\_\_\_\_  
"A": \_\_\_\_\_ Wall: \_\_\_\_\_  
Shelter: \_\_\_\_\_ Other: \_\_\_\_\_

**Military Only:**  
# of tents: \_\_\_\_\_  
"A": \_\_\_\_\_ Wall: \_\_\_\_\_  
Shelter: \_\_\_\_\_ Other: \_\_\_\_\_

**BRANCH**

(check all that apply)

**Infantry:** \_\_\_\_\_  
**Medical:** \_\_\_\_\_  
**Artillery:** \_\_\_\_\_  
**Cavalry:** \_\_\_\_\_  
**Other:** \_\_\_\_\_ (Please specify)

**Infantry:** \_\_\_\_\_  
**Medical:** \_\_\_\_\_  
**Artillery:** \_\_\_\_\_  
**Cavalry:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**List participants by name and rank (indicate civilians as CIV):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_

13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_ 16. \_\_\_\_\_