



EVENT REGISTRATION FORM

Date Submitted: _____

Affiliation (Brigade, Battalion, etc.): _____

Circle One: Union or Confederate

Commanding Officer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Your Tentative Setup Day(s): Friday or Saturday preferred

Thursday - 4pm to 9pm

Friday - 3pm to Midnight

Saturday - Before 9am

Sunday - Before 9am

Number of Registrants: Infantry: _____ Civilians: _____ Artillery: _____
 Cannons: _____ Cavalry: _____ Horses: _____

Please Print Name Legibly

Please Check One: **Military** **Civilian**

For additional registrant names - please attach to this form. Include name and indicate whether military/civilian.