



# 2018 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 9/14 or Saturday 9/15 preferred

- |  |   |
|--|---|
| <input type="checkbox"/> Thursday - Sept. 13th: 4pm to 9pm | <input type="checkbox"/> Friday - Sept. 14th: 3pm to Midnight |
| <input type="checkbox"/> Saturday - Sept. 15th: Before 9am | <input type="checkbox"/> Sunday - Sept. 16th: 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.