

\$5.00 donation for all reenactors at registration

2012 BROOKSVILLE RAID REENACTOR'S REGISTRATION FORM

UNIT NAME _____

COMMANDER'S NAME _____

ADDRESS _____ **EMAIL** _____

CITY/STATE _____ ZIP _____

PHONE () _____ CELL PHONE () _____

UNIT TYPE ___ C.S. ___ U.S. ___ EITHER ___ CIVILIAN ___ LADIES

NUMBER OF PARTICIPANTS IN EACH CATEGORY:

_____ INFANTRY _____ MEDICAL

_____ CIVILIAN _____ LADIES _____ CHILDREN (UNDER 18 YEARS)

_____ NUMBER OF NONPARTICIPANTS ATTENDING WITH YOU

CAVALRY

_____ NUMBER OF HORSES THAT WILL BE IN BATTLE..

NO HORSE HAY WILL BE AVAILABLE ON SITE!!!

HORSES REQUIRE PROOF of COGGINS TEST AT REGISTRATION!

ARTILLERY

_____ NUMBER OF CANNONS

PRE-REGISTERED ARTILLERY UNITS WILL GET POWDER REIMBURSEMENT.

NO ONE WILL BE ALLOWED ON THE SITE BEFORE 10:00 A.M. WEDNESDAY

- | | |
|-----------|--------------------|
| 1. _____ | Commanding Officer |
| 2. _____ | 2nd in Command |
| 3. _____ | 15. _____ |
| 4. _____ | 16. _____ |
| 5. _____ | 17. _____ |
| 6. _____ | 18. _____ |
| 7. _____ | 19. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |
| 13. _____ | 25. _____ |
| 14. _____ | 26. _____ |

Signature _____ Date: _____