

Jacksonville's 15th Annual Civil War Reenactment General Grierson Days Pre-Registration Form June 18-20, 2010

THIS FORM IS NOW INTERACTIVE -- CLICK ON ANY FIELD TO FILL IT OUT

Unit Name _____

Not With A Unit

Please have your Unit Commander fill out this form so we have only one form per unit.

Confederate Infantry

Union Infantry

Civilian

Confederate Mounted Cavalry

Union Cavalry

Confederate Dismounted Cavalry

Union Dismounted Cavalry

Vendor/Sutler*

Confederate Artillery

Union Artillery

*STOP -- Vendors and Sutlers have a separate Registration Form. Contact us for your particular registration form. It is available online or we can email it to you. All vendors/sutlers are subject to approval by the committee)

Confederate Medical

Union Medical

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Total Number Registering, including dependants and minors in period clothing:

of Infantry: _____ # of Medical: _____ # of Civilians: _____

of Artillery: _____ # of Mounted Cavalry: _____ # of Dismounted Cavalry: _____

of Artillery Pieces: _____ # of Horses: _____

Please list the names of all members of your Unit attending including any minors.

Would you be interested in participating in a Candlelight Tour? Yes No

If you answered YES, what would you be portraying? _____

Would you be interested in helping in our Prairie Play Area? Yes No

If you answered YES, what area would you like to help with? _____

Would you be interested in helping with our Registration / Information Tent? Yes No

If you answered YES, what day / time could you help? _____

Individual Registration is still required onsite. Registration tent will be near the center of the park.

CLEAR FORM

SUBMIT