

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

Vendor/Sutler* Must be approved

Confederate Dismounted Cavalry

Union Dismounted Cavalry

(Please fill out Vendor/Sutler Information below. All

Confederate Artillery

Union Artillery

Approved Vendors/Sutlers will be notified via email.

Confederate Medical

Union Medical

Vendor/Sutler space is limited so register early.)

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.

Vendor/Sutlery Name: _____ Type of service/product: _____

Applicable Fees For Setting Up _____ Period Sutlers: \$ _____ Modern Vendors \$ _____

This Section Must Be Filled Out By Grierson Committee Member Only

Approved By: _____ Fees Received By: _____ Date: _____ Email Conf. Sent

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

CLEAR FORM

SUBMIT