

The Battle of Funkstown

July 16, 17, 18, 2010

– Reenactor Registration Form –

Please fill this form out as completely as possible and list everyone on the attached sheet (Use additional sheets as needed.) **The first six lines on this form must be completed for registration to be accepted.** Return all forms and fees to: The Town of Funkstown, 30 Baltimore St.; Funkstown, MD 21740

Unit or Regiment

Unit Contact person _____ Email Address: _____

Mailing address

Street address

City, State and Zip

Phone (incl. area code) Day () _____ Evening () _____

Organization Affiliation (e.g. ANV, USV, M.G., N.R., etc.) _____

Branch of Service

LIST THE NUMBER OF PARTICIPANTS BY CATEGORY

INFANTRY: (U.S.) _____, (C.S.) _____

CAVALRY: (U.S. Mounted) _____, Number of Horses _____, (U.S. Dismounted) _____

(C.S. Mounted) _____, Number of Horses _____, (C.S. Dismounted) _____

ARTILLERY (U.S.) _____, (Number of Guns) _____, (Type of Guns) _____

(C.S.) _____, (Number of Guns) _____, (Type of Guns) _____

AUTHENTIC DEPENDANTS:

(Camping in U.S. Military Camp) _____

(Camping in C.S. Military Camp) _____

*Living History/Other _____ (must be pre-approved)

*Specify Impression and who with: _____

Registration fees are: \$8.00 (children 12 - 6 \$4.00) for individuals if registered by July 1, 2010 -
Walk on fee \$10.00 (children 12 - 6 \$6.00) There is no charge for children under 6 years of age.

Totals: Military # _____ @ \$ _____ = \$ _____

Military Dependand # _____ @ \$ _____ = \$ _____

Living History # _____ @ \$ _____ = \$ _____

Under 6 years of age # _____ (children under 6 are free but must be registered.)

Total Amount enclosed \$ _____ (make checks payable to The Town of Funkstown)

Company Muster Roll

All participants, by registering for and attending this event agree that any sponsoring organization, person, unit, or agents or employees thereof will not be held liable or responsible for loss, damage, or injury to persons or property during this event.

Straw will be available for a nominal charge, please indicate each person the will require straw.

Please: Type or Print names legibly. Registration will be by name. Confusion has arisen in the past because we couldn't decipher the names on this sheet. Please list complete address, including zip code. Thank you.

Rank _____ **STRAW Requested** _____

Name _____ **Phone** _____

Address _____

Email _____

Rank _____ **STRAW Requested** _____

Name _____ **Phone** _____

Address _____

Email _____

Rank _____ **STRAW Requested** _____

Name _____ **Phone** _____

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