

2010 Camp Geiger Civil War Days- June 12th-13th Registration Form



\$7 Early Registration fee (Until April 1), \$10 Registration (April 2-May 14)
\$15 Walk-On Fee (Per Person)

Unit or Regiment:

Commander:

Unit Contact Person:

Email Address:

Mailing Address:

City:

State:

Zip Code:

Day Phone: Evening Phone:

(ANV,USV, PACS, Longstreet)Organization Affiliation:

List the number of participants by category:

Infantry

US CS

Cavalry

US Mounted Number of Horses US Dismounted

CS Mounted Number of Horses CS Dismounted

US Artillery (By Invitation ONLY) Please contact us..!!

Number: Type of Gun:

Number: Type of Gun:

Number: Type of Gun:

Number: Type of Gun:

CS Artillery (By Invitation ONLY) Please contact us..!!

Number: Type of Gun:

Number: Type of Gun:

Number: Type of Gun:

Number: Type of Gun:

Authentic Dependants

US Military Camp

CS Military Camp

Authentic US Dependants Camp (Must be affiliated with a Military Unit)

Living History/Other (Specify Impression and who with)

Reenactor Registration/Disclaimer form

The undersigned hereby agrees that in consideration for the above name(s) participating in the Camp Geiger Civil War Days to be held on June 12-13, 2010 on the Whitehall Parkway property; he/she will make no claims in tort or other law against the Friends of Camp Geiger/Whitehall Parkway for any act, whether intentional or negligent, on the part of any person or object either prior, during or after the reenactment. The undersigned further agrees to indemnify and hold harmless the Friends of Camp Geiger/Whitehall Parkway from any act committed prior, during or after the reenactment on the part of the below named participant(s) which may cause harm to another's person or property.

I hereby affirm that the above named individual(s) residing at the below address; are volunteering my/our time and property to the Committee for the duration of the Camp Geiger Civil War Days reenactment. I understand that the Friends of Camp Geiger/Whitehall Parkway are **NOT** responsible for and are **NOT** providing me any insurance for injury, property loss and that I/we have our own insurance.

Signature _____

Date _____

Unit Roster for _____

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