

149th Anniversary of the *Battle of Fairfield, PA*

Held in Fairfield, PA

May 5th & 6th, 2012

– 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 and considered in the meal count.** Return all forms and fees to: ALHES, 39 Queen Street, Gettysburg, PA 17325.

Unit or Regiment _____

Unit Contact person _____ **Email Address:** _____

Mailing 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** _____
(Non Affiliated will be assigned to a Provisional Brigade)

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) _____

(Camping in U.S. Dependiant Camp) _____ **(Must be affiliated with a Military Unit)**

LIVING HISTORY VILLAGE _____ **(must be pre-approved)**

Specify Impression and organization: _____

Registration fees are: \$10.00 for individuals if registered by April 15, 2012 - \$15.00 after April 16th, 2012
No Substitutions after April 15th, 2012.

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

Military Dependiant # _____ @ \$ _____ = \$ _____

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

Under 12 # _____ (children under 12 are free but must be registered.)

Total Amount enclosed \$ _____

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.

Please: Type or Print names **legibly**. Registration will be by name. **Only registered unit members will be eligible for a meal ticket.** Thank you.

Rank _____ **Name** _____ **Phone** _____

Address _____ Email _____

Rank _____ **Name** _____ **Phone** _____

Address _____ Email _____

Rank _____ **Name** _____ **Phone** _____

Address _____ Email _____

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Address _____ Email _____

Rank _____ **Name** _____ **Phone** _____

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Rank _____ **Name** _____ **Phone** _____

Address _____ Email _____

Rank _____ **Name** _____ **Phone** _____

Address _____ Email _____

Rank _____ **Name** _____ **Phone** _____

Address _____ Email _____

-Due to Problems in the Past – No On-Site Substitutions will be Allowed-

Return all forms and fees to: ALHES, 39 Queen St., Gettysburg, PA 17325

For Information: alhes1776@yahoo.com