

**REENACTOR REGISTRATION FORM**

**CIVIL WAR REENACTMENT AT HISTORIC BRATTONSVILLE, S.C.**

**October 23-24, 2010**

*presented by the*  
**6th Regiment South Carolina Volunteers**  
*and the*  
**Culture & Heritage Museums of York County**

Name of Unit: \_\_\_\_\_

Commander/Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box Apt/Suite

\_\_\_\_\_ City State Zip-Code

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please check your desired portrayal...

**Confederate Impression**

(Must be prepared to portray a Federal impression at least on day of the event if needed)

Infantry: \_\_\_\_\_ Artillery: \_\_\_\_\_ Calvary: \_\_\_\_\_

**Federal Impression**

Infantry: \_\_\_\_\_ Artillery: \_\_\_\_\_ Calvary: \_\_\_\_\_

Number attending...

Officers: \_\_\_\_\_ NCO's: \_\_\_\_\_ PVT's: \_\_\_\_\_ Civilian: \_\_\_\_\_ Total: \_\_\_\_\_

I hereby acknowledge the receipt of all rules and regulations governing this event and do hereby agree to the same.

Signature of Unit Representative and/or Commanding Officer...

\_\_\_\_\_

Please include accompanying participant list (p2) when mailing this form.

Advance Registration is FREE!  
Walk-ons \$5.00  
Return forms by  
Oct. 18th, 2010

Mail form to...  
Gerald Goins - 6SC  
PO Box 4605 CRS  
Rock Hill, SC 29732

Confirmation of receiving your registration will be sent upon providing a complete and valid email address or phone number. All inquiries can be made by contacting...

Gerald Goins - Phone: (803) 328-0491 or E-Mail: ggoins@6thregimentsc.org

