

REENACTOR REGISTRATION FORM

CIVIL WAR REENACTMENT AT HISTORIC BRATTONSVILLE, S.C.

October 17-19, 2008

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 Troops

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

Infantry: _____ Artillery: _____ Calvary: _____

Union Troops

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...

Be sure to complete and include accompanying participant list (p2) when mailing this form.

Advance Registration is FREE!
Walk-ons \$5.00
Return forms by
Fri. Oct. 19th, 2007

Please mail form to...
Teresa Sims - 6SC
5266 Bay Road
Rock Hill, SC 29732

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

Teresa Sims - Phone: (803) 981-7560 or E-Mail: teresa.sims@wachovia.com

