

# Raid on the Little General's Farm



## REENACTORS REGISTRATION

PLEASE INCLUDE ALL OF THE FOLLOWING INFORMATION:

FIRST NAME :

LAST NAME :

EMAIL -

ADDRESS -

Phone -

PLEASE TELL US ABOUT YOURSELF OR UNIT:

<input type="checkbox"/> MOUNTED CAVALRY	<input type="checkbox"/> ARTILLERY	= CIVILIAN	= OCR
<input type="checkbox"/> UNMOUNTED CAVALRY	= INFANTRY (UNMOUNTED CAVALRY)	= MEDICAL	= INDEPENDENT

Unit Name or Organization (Enter None if Independent):

Unit Commander:

Number of Soldiers:

Number of Civilians:

Will you be joining us for the reenactors meal?

How many Plates: \_\_\_\_\_