



Gettysburg 155th Anniversary

July 5th - 8th, 2018

– 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.** Return all forms and fees to: Gettysburg Anniversary Committee, P.O. Box 3482, Gettysburg, PA 17325-3482.

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, GAR, LC MG, NR, USV, WB, etc.) _____ **Branch of Service** _____
(It is very important to list Organization Affiliation for planning and Divisional assignments. 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. Dependant Camp) _____ **(Must be affiliated with a Military Unit)**

*Living History/Other _____ **(must be pre-approved)**

*Specify Impression and who with: _____

Registration fees are: \$15 for individuals if registered by October 31st, 2017; \$20 from November 1st -January 31st, 2018; \$25 from February 1st - April 30th, 2018; \$35 from May 1st - June 1st. Registration Ends June 1, 2018. No Substitutions after June 1st.

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

Military Dependant # _____ @ \$ _____ = \$ _____

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. Confusion has arisen in the past because we couldn't decipher the names on this sheet. Please list complete address, including zip code. Thank you.

Rank _____ **Name** _____ **Phone** _____
Address _____ **Email** _____

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-No On-Site Substitutions will be Allowed-

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Questions – Contact GAC at 717-338-1525**