

Holding the Rapidan

Barrett Hill Farm. 450 Fitchburg RD, Mason, NH 03048. October 4-6 2024

Military Registration – Vs.2

Registration for this event is \$20.00 per person. Walk-on registration is \$25.00. Children 13 years and younger are free. Make Checks Payable to Thomas Connell. Mail Payment & Registration to:

Holding the Rapidan, C/O Tom Connell, 108 Turnpike Road, Westminster, MA 01473.

Call 978-855-5918 for Venmo or PayPal information.

IT IS CRITICAL FOR PLANNING PURPOSES THAT YOU LIST YOUR NUMBERS ACCURATELY SO THAT FOOD, WATER, FIREWOOD, AND BATHROOM FACILITIES (PORTA POTTIES) ARE SUFFICIENT.

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. Would you please list the complete address, including the zip code? Thank you. All participants must sign a release of liability waiver. Waivers with original signatures can be mailed in advance or turned in at the site registration.

REGIMENT _____ COMPANY _____

COMMANDING OFFICER: _____ CELL: _____

UNIT CONTACT, IF DIFFERENT THAN ABOVE _____

CELL: _____ MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

ORGANIZATION AFFILIATION (NEB, LG, UV, USV, ANV, ETC.) _____

OUR UNIT CAMPS IN GARRISON FASHION WITH COMPANY STREETS

OUR UNIT PREFERS TO CAMP AS CAMPAIGNERS IF AN AREA IS PROVIDED.

PARTICIPANTS BY CATEGORY. LIST THE TOTAL NUMBERS ATTENDING THE EVENT

INFANTRY

#OFFICERS _____ #NCO/PVT _____ #MUSCIANS _____ #DEPENDENT CIVILIANS IN MILITARY CAMP _____

DISMOUNTED CAVALRY

#OFFICERS _____ #NCO/PVT _____ #MUSCIANS _____ #DEPENDENT CIVILIANS IN MILITARY CAMP _____

CAVALRY

#OFFICERS _____ #NCO/PVT _____ #MUSCIANS _____ #DEPENDENT CIVILIANS IN MILITARY CAMP _____

NUMBER OF HORSES _____ LENGTH OF TRAILER _____

ARTILLERY

#OFFICERS _____ #NCO/PVT _____ #MUSCIANS _____ #DEPENDENT CIVILIANS IN MILITARY CAMP _____

#OF GUNS _____ GUN TYPE 1: _____ GUN TYPE 2: _____

GUN TYPE 3: _____ LENGTH OF TRAILER: _____

SPECIFIC MILITARY LIVING HISTORY IMPRESSION

SPECIFY IMPRESSION _____

Company Muster for this event only:

1. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

2. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

3. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

4. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

5. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

6. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

7. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

8. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

9. Rank _____ Name _____ Phone _____

Address _____

Email _____ @ _____

10. Rank _____ Name _____ Phone _____
Address _____
Email _____ @ _____

11. Rank _____ Name _____ Phone _____
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Email _____ @ _____

12. Rank _____ Name _____ Phone _____
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Email _____ @ _____

13. Rank _____ Name _____ Phone _____
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14. Rank _____ Name _____ Phone _____
Address _____
Email _____ @ _____

15. Rank _____ Name _____ Phone _____
Address _____
Email _____ @ _____

16. Rank _____ Name _____ Phone _____
Address _____
Email _____ @ _____

17. Rank _____ Name _____ Phone _____
Address _____
Email _____ @ _____

18. Rank _____ Name _____ Phone _____
Address _____
Email _____ @ _____

DUPLICATE THIS PAGE AS REQUIRED TO LIST ALL MEMBERS AND AFFILIATES OF YOUR UNIT ATTENDING.