

2007 Registration Form

Unit Name _____
 Commander _____
 Mailing Address _____
 City, State, Zip _____
 Email Address _____

Union
 Confederate

Branch:
 Infantry
 Cavalry
 Artillery
 Medical
 Other

Camping? (Number)
 Military _____
 Mixed _____
 Civilian _____

Indicate the number of people camping in each camp.

Now- June 1st, 2007: \$10.00 Registration
June 2- September 1, 2007: \$15 Registration
September 2- September 29: \$20 Walk-On Fee IF your unit is pre-registered.

Total Participants x \$ per person =

Please Make Checks Payable to: Mill Springs Battlefield Association
 Print & Mail to: Mill Springs Registration, P.O. Box 282, Nancy, KY 42544
 List Participants by Name and Rank. (Please indicate Civilians as CIV)
Please Print Legibly

1. _____ Address _____
2. _____ Address _____
3. _____ Address _____
4. _____ Address _____
5. _____ Address _____
6. _____ Address _____
7. _____ Address _____
8. _____ Address _____
9. _____ Address _____
10. _____ Address _____
11. _____ Address _____
12. _____ Address _____
13. _____ Address _____
14. _____ Address _____
15. _____ Address _____

Use additional sheets if necessary.

Type and Number of Artillery Pieces, Number of Horses
 (or special requirements)

By submitting this registration form, we unconditionally agree to abide the standards set in the rules booklet.

_____/_____
 Signature of Authorized Unit Representative and Date

Office Use Only: Date Received: ___/___/___
 By: _____ Acknowledgement Sent ___/___/___