



Gettysburg 154th Anniversary

July 1st, 2nd & 3rd, 2017

Dates of actual Gettysburg Battle
– 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, N.R., PACS, USV, etc.) _____ **Branch of Service** _____
(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: \$5 for individuals if registered by December 31st, 2016; \$10 from January 1, 2017 to March 15th, 2017; \$15 from March 16th to June 1, 2017. Walk on fee \$20.00

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** _____

Rank _____ **Name** _____ **Phone** _____

Address _____ **Email** _____

Rank _____ **Name** _____ **Phone** _____

Address _____ **Email** _____

Rank _____ **Name** _____ **Phone** _____

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Address _____ **Email** _____

Rank _____ **Name** _____ **Phone** _____

Address _____ **Email** _____

Rank _____ **Name** _____ **Phone** _____

Address _____ **Email** _____

Rank _____ **Name** _____ **Phone** _____

Address _____ **Email** _____

-Due to Problems in the Past – No On-Site Substitutions will be Allowed-

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

Questions – Contact GAC at GAC3@comcast.net or 717-338-1525