

# BATTLE OF MISSIONARY RIDGE

## Reenactment Registration

Name of Company or Unit \_\_\_\_\_

(If you are registering as an individual write SELF in blank)

Company or Unit Commander/POC \_\_\_\_\_

Phone number of CC/POC \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Is your unit  Infantry  Cavalry  Other (please specify \_\_\_\_\_)

Artillery (# of  Full Scale  Mountain Howitzer)

Will your unit portray  Federal  Confederate

Will your unit be willing to galvanize?  Yes  NO

Will your unit camp  Campaign  Military  Family/Garrison

Modern  Reserving a Site with Sequoyah Caverns

Enter the names of each person registering below. Be sure to include the registration fee of \$10 when you mail the registration or you will have to pay a late registration fee at the event site.

1. \_\_\_\_\_  Military  Civilian

2. \_\_\_\_\_  Military  Civilian

3. \_\_\_\_\_  Military  Civilian

4. \_\_\_\_\_  Military  Civilian

5. \_\_\_\_\_  Military  Civilian

6. \_\_\_\_\_  Military  Civilian

7. \_\_\_\_\_  Military  Civilian

8. \_\_\_\_\_  Military  Civilian

9. \_\_\_\_\_  Military  Civilian

10. \_\_\_\_\_  Military  Civilian

11. \_\_\_\_\_  Military  Civilian

12. \_\_\_\_\_  Military  Civilian

13. \_\_\_\_\_  Military  Civilian

14. \_\_\_\_\_  Military  Civilian

15. \_\_\_\_\_  Military  Civilian

Please use an additional page if registering more than we have space for.

Mail registration to and make checks payable to:

Sequoyah Caverns

1438 County Rd 731

Valley Head, AL 35989