



KINGSTON, MISSOURI

June 5-6-7 2009

True Civil War stories of Caldwell County

Unit & Individual Reenactor Registration Form

Name _____ Your rank? _____

Address _____ Years reenacting? _____

_____ Email _____

Phone _____

Name of Unit: _____ Unit web site www. _____

Unit Contact Person (title/rank) _____ Email _____

Type of impression: (tent – campaign) _____ USA ___ CSA ___ Galvanize? Y N

Type of Unit: Infantry ___ Artillery ___ Cavalry ___ Medical ___ Civilian ___ Other ___

Soldiers ___ # Civilians ___ # Children age 12 and under ___ Total: _____

Tents: Dog/Shelter ___ Wedge/A ___ Fly ___ Officer ___ Other ___

Mounted officers ___ # Artillery Pieces ___ # Mounted Cavalry ___

Military Specialty: _____

Civilian Impression: _____

Does your unit carry its own Insurance? Y N What Type: _____

What national/regional organization are you or your unit affiliated with? _____

Do you or your unit have any special needs? PLEASE specify in detail here and call to discuss

Mail to: Civil War, c/o John Deis, 59 S Harrison St., Kingston, MO 64650, (816)586-2691

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www.caldwellcountymissouri.com/civilwar/