

EVENT REGISTRATION FORM

Eastliegh Farm

(INDIVIDUAL or FAMILY)

CIVIL WAR REENACTMENT

October 6th 7th 8th

Name of Participant: _____ Name of Unit: _____ Affiliation: NEB LG USV OTHER

Circle Type of Participant: Infantry Artillery Cavalry Civilian Minor (under 16) Impression: _____

Best Phone: (_____) _____ Email: _____

Other Family Members:

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Of Special Note:

- GPS Address is 1062 Edmands Rd Framingham, Ma 01701
- Set up will be allowed beginning at 2:00 Pm Friday Oct 6th.
- All vehicles must be gone 8am, Oct 7th, Saturday Morning, until Camp closed on Sunday.
- Registration FEE: **\$12.00 make checks payable to the 1st Massachusetts Cavalry**
- Mail Registration to: Thom Page 159 Wilbraham Rd. Hampden, ma 01036
- This event will be governed by the safety rules, procedures, and staff of the New England Brigade and the Liberty Greys. Rules and procedures may be found on the respective webpages of each organization
(<https://mb1020.wixsite.com/newenglandbrigade>,
<https://www.libertygreys.org/>)

EVENT REGISTRATION FORM

(UNIT FORM)

CIVIL WAR REENACTMENT

Name of Unit: _____ Affiliation: NEB LG USV OTHER _____

Number of Participants: Infantry _____ Artillery _____ Cavalry _____ Civilian _____ Minor (under 16) _____ Impression: _____

Unit Commander Name: _____ Person Filing Registration Form: _____

Best Unit Phone: (_____) _____ Person Filing Email: _____

Names of Participants:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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