



# SHADOWS OF THE BLUE AND GRAY

## RE-ENACTOR, SUTLER, LIVING HISTORY REGISTRATION

Person Registering: Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Are you registering your entire unit or group? Yes \_\_\_\_ No \_\_\_\_ (more registrations will be sent)

Name of Military Unit/Sutler/Re-enactor Group \_\_\_\_\_

Type of Re-enactor, Check One: Military \_\_\_\_ Sutler \_\_\_\_ Living History \_\_\_\_ Civilian Re-enactor \_\_\_\_

If Military are you: Union \_\_\_\_ Confederate \_\_\_\_ Other \_\_\_\_

If Military are you: Infantry \_\_\_\_ Artillery \_\_\_\_ Dismounted Cavalry \_\_\_\_ Mounted Cavalry \_\_\_\_ Medical \_\_\_\_

If Military, Unit Commander contact information: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Number of people registering: Military Adults \_\_\_\_ Civilian Adults \_\_\_\_ Children \_\_\_\_

Number of Military Re-enactors Who Will Participate in the Battle Demonstrations \_\_\_\_

Number of Horses \_\_\_\_ Number and Size of Cannon \_\_\_\_\_

Number and Type of Tents and Campsite Requirements \_\_\_\_\_

Names of Other Registrants Attending (Use back of sheet to add more names if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE SUBMIT THIS FORM BY SEPT. 1, TO:

Princeton Civil War Committee  
C/O Jeff Freeman  
318 West Crown Street  
Princeton, IL. 61356