

# Battle of Barbourville Registration

Type of Portrayal – Circle all that apply

USA   CSA   Infantry   Calvary   Artillery   Civilian   Sutler

First Person Impersonation

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Actual Name -----

Street Address -----

City: ----- State: ----- Zip: -----

Home Phone: ----- Cell: -----

E-Mail -----

Unit Affiliations -----

Artillery "Gun owner" -----

Reenactors fee \$ 5.00 per person      Children under 10 Free

**This serves to release " The Battle of Barbourville" from all Liability**

As I understand I am Responsible for my Safety as well as my families

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed form must be received by September 15th:**

Battle of Barbourville

PO Box 42

Barbourville, Kentucky 40906