

Battle of Barbourville Registration

Type of Portrayal – Circle all that apply

USA CSA Infantry Calvary Artillery Civilian Sutler

First Person Impersonation

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