

# ROWLESBURG

# Pre-Registration Form

Unit Name: Please Print

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime: \_\_\_\_\_  
Evening: \_\_\_\_\_

**MAIN IMPRESSIONS:**  
Check Those That Apply

|                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | FEDERAL               |
| <input type="checkbox"/> | CONFEDERATE           |
| <input type="checkbox"/> | GALVANIZE-EITHER/BOTH |
| <input type="checkbox"/> | CIVILAIN              |

Please Total the Number of Persons Coming from each Category in the Columns at Left.

|  |                      |                          |
|--|----------------------|--------------------------|
|  | Infantry             |                          |
|  | Civilian             |                          |
|  | Cavalry (Dismounted) |                          |
|  | Cavalry (Mounted)    | Number of Horses:        |
|  | Artillery            | Number & Type of Cannon: |
|  | Sutlers              | Type of Merchandise:     |

Note: \$20.00 Sutler Fee, \_\_\_\_\_

## TENTAGE

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | WEDGE                                  |
| <input type="checkbox"/> | WALL                                   |
| <input type="checkbox"/> | SHELTER                                |
| <input type="checkbox"/> | SIBLEY                                 |
| <input type="checkbox"/> | MODERN                                 |
| <input type="checkbox"/> | OTHER<br>Please Describe on Other Side |

# ROSTER

|     |  |     |  |
|-----|--|-----|--|
| 1.  |  | 11. |  |
| 2.  |  | 12. |  |
| 3.  |  | 13. |  |
| 4.  |  | 14. |  |
| 5.  |  | 15. |  |
| 6.  |  | 16. |  |
| 7.  |  | 17. |  |
| 8.  |  | 18. |  |
| 9.  |  | 19. |  |
| 10. |  | 20. |  |

Please Give All Ranks and/or Special Impressions (i.e. Musician, Medical, etc) where applicable. Continue Roster on Back if necessary. Please submit \$5.00 per person registration fee (before 4:00pm on April 1). Make all checks payable to : West Virginia Reenactors Association

\_\_\_\_\_  
Date and Signature of Applicant

\_\_\_\_\_  
Fee Amount Enclosed