

Reenactment of The Battle of Corydon June 26 & 27, 2010 Individual Registration

PLEASE PRINT

Reenactor Name: _____ Rank: _____

Unit Name: _____ Commanding Officer: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Emergency Contact Name: _____ Phone(s): _____

Please check all that apply:

- USA
- CSA
- Unaffiliated/galvanized
- Infantry Cavalry Dismounted Cav Artillery Medical Other
- Civilian
- Sutler (please describe)- \$40 Registration
- Camping - authentic on site Camping - modern on site (No charge. Please indicate for space planning)

By my signature below, I indicate that I have received and read the rules of the reenactment and agree to abide by them. Furthermore, I agree to hold harmless the Harrison County CVB, the Harrison County Parks Dept., and other individuals and organizations involved in hosting this event from liability for injuries I may receive from participation in the Battle of Corydon Reenactment and its related events.

Signature (Parent or Guardian if participant is under 18 years old)

REGISTRATION - FREE IF PRE-REGISTERED. \$5.00 PER PERSON ON-SITE

For registration office use only:

Type of Registration/charges	Each	Total \$	Payment info
Sutler	\$40		
Individual pre-registration	\$0		
Individual on-site registration	\$5		

Mail registration to:

Battle of Corydon, c/o Harrison County CVB, 310 N. Elm St., Corydon, IN 47112

(If registering as an individual but part of a military unit, please provide this completed form to your unit C/O. All unaffiliated registrants or Sutlers, please mail in your registration separately.)