

**HAINESVILLE CIVIL WAR ENCAMPMENT AND
BATTLE 18 & 19 October 2025 REGISTRATION
FORM**

Unit or Group Name: _____

Commander: _____

Unit/Group Contact: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: Email: _____

CAMPING ARRANGEMENTS

Civilian:
of tents: _____
"A": _____ Wall: _____
Shelter: _____ Other: _____

Military w/Dependents:
of tents: _____
"A": _____ Wall: _____
Shelter: _____ Other: _____

Military Only:
of tents: _____
"A": _____ Wall: _____
Shelter: _____ Other: _____

BRANCH
(check all that apply)

Infantry: _____
Medical: _____
Artillery: _____
Cavalry: _____
Other: _____ (Please specify)

Infantry: _____
Medical: _____
Artillery: _____
Cavalry: _____
Other: _____

List participants by name and rank (indicate civilians as CIV):

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |