

REGISTRATION FORM

BATTLE OF ATHENS REENACTMENT

Battle of Athens State Historic Site
Route 1, Box 26, Hwy. CC, Revere, MO 63465

August 1-3, 2008

Name: _____ U.S.____ C.S.____ Civilian _____

Unit (actual & for event, if different): _____

Address: _____

City, State, Zip Code: _____

Phone: _____

E-Mail: _____

MCWRA Member? _____ (MCWRA members do NOT pay the registration fee)

I and/or my unit will participate in the Battle of Athens Reenactment, Aug. 2-3, 2008.

[If registering for a unit, please include name and contact information for each person]

I am/will have: _____ Infantry _____ Artillery

_____ Cavalry _____ Civilians

Please include a list of all participants. Each participant must pay a registration fee of \$10.00 for event insurance coverage (unless a member of the Missouri Civil War Reenactors Association) and complete and sign the release. Anyone not paying the registration fee or submitting a signed release will not be allowed to participate. Please make checks payable to "Holmes Brigade USV, Inc." with "Athens Registration" on the memo line. Additional registration forms: Athens Home Base

Please return form by July 21, 2008 to:

Federal (Home Guard): Charles Hoskins, 527 Elm Street, Washington, MO. 63090; 636-239-2644, choskins1861@yahoo.com;

Confederate (State Guard): Mitch Critel, 516 W. 39th Terr., Apt 2, Kansas City, MO. 64111, 308-379-3135, fahtz1863@hotmail.com;

Civilian: Silvana Siddali, 4022 Fairview Ave., St. Louis, MO. 63116, 314-494-7548, silvana.siddali@gmail.com;

Sutler: Vivian Murphy, 319-795-3205, vmurphy@nemr.net

Company/Unit _____

