

**150<sup>th</sup> Anniversary of the Battle of Unison Registration Form**  
**October 26-28<sup>th</sup>**  
**Unison, VA**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Unit Affiliation:** \_\_\_\_\_

**Please Choose One:**  **US Cavalry**  **US Infantry**  **CS Cavalry**  
 **CS "Dismounted"**  **CS Artillery**  **Civilian**

**Age in October 2012:** \_\_\_\_\_

**List any medical conditions/allergies:** \_\_\_\_\_

\_\_\_\_\_

**The Registration Fee of \$20 is payable to: Tom Craig**

**Checks should be sent to:**

**Tom Craig**  
**95 Holley Place**  
**Torrington, CT 06790**

**Participants agree to abide by the authenticity standards set forth by the event committee. All participants must meet or exceed those standards or they will be required to leave the event. This event is physically arduous and participants are expected to be in appropriate physical condition. Your health and safety is your responsibility; act accordingly.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_