

**Revolutionary War Days  
Nevada City, California  
Sep 12-14, 2014  
Reenactor Pre-Registration Form**

**Please fill out this form as completely as possible and list everyone on the attached sheet (Use additional sheets as needed.) The lines marked with an asterisk (\*) MUST be completed for registration to be accepted. Use this form for individual registrations as well. This form must be received before the event.**

**Return all forms to:** *John Hess, 6940 Fairplay Road, Somerset, CA 95684*

**\*Unit or Regiment** \_\_\_\_\_

**\*Unit Contact Person** \_\_\_\_\_

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

**\*Mailing Address** \_\_\_\_\_

**\*City, State and Zip** \_\_\_\_\_

**\*Phone Number: Day ( )** \_\_\_\_\_ **Evening ( )** \_\_\_\_\_

**\*Organization Affiliation** (ex. BAR, BB, FEA, Cont. Line, etc.) \_\_\_\_\_

**LIST OF NUMBER OF PARTICIPANTS BY CATEGORY**

Units members may camp together, but will be located in respective Camps below.

Camping in Continental Military Camp \_\_\_\_\_

Camping in British Military Camp \_\_\_\_\_

Camping in Civilian Camp \_\_\_\_\_

Camping in Musician Camp \_\_\_\_\_

Impressions are : Continental, French, Redcoat or Civilian

All participants, by registering for and attending this event agree that any sponsoring organization, person, unit, or agents or employees thereof will not be held liable or responsible for loss, damage, or injury to persons or property during this event. A Waiver of Liability Form will be signed by each reenactor at Event Check In. All participants agree to follow the Brigade of the American Revolution (BAR) Safety Regulations.

Please: Print names LEGIBLY. Registration will be by name. Please list complete address, including zip code. Thank you!

Impression \_\_\_\_\_ NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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