

ARMY OF THE SOUTHWEST
CIVIL WAR BATTLE AND ENCAMPMENT
STATE CENTER, IOWA
JUNE 20th-21st, 2009

REGISTRATION

Unit name _____
Name _____ Rank _____
Address _____
E-mail _____
Phone _____ Unit Commander _____

ARE YOU

Union _____ Infantry _____
Confederate _____ Calvary _____
Neutral _____ Artillery _____
Civilian _____ # of tents & space needed _____
Type of cannon (full or half scale) _____

I release the owners of the premises and the Army of the Southwest of all liability pertaining to this Civil War re-enactment from June 18-21, 2009.

Sign: _____

Contact person Cpl. Dennis Williams
1832 330th St.
Phone: 1-515-979-1652
Madrid, Iowa 50156

E-mail: dvdana@iowatelecom.net