

**INFANTRY
UNIT PRE-REGISTRATION FORM
DOWNLOAD AND MAIL TO:
BATTLE OF AIKEN, PO BOX 1863, AIKEN SC 29802**

**Registration Fees will be paid by the B/G Barnard E. Bee Camp, Sons of Confederate Veterans,
to those who Pre-Register and have Postmarked by Jan. 31**

**All participants must check in at HQ/Registration upon arrival and agree to
safety regulations and to sign release forms**

PLEASE PRINT

Unit: _____ **Contact:** _____

Commander: _____ **Rank:** _____

Affiliation (Battalion): _____ **Commander:** _____

EMAIL: _____

PHONE: _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PLEASE CHECK YOUR DESIRED PORTRAYAL:

() **INFANTRY: CONFEDERATE IMPRESSION AND WILL CAMP IN CSA CAMPS.**
Must be prepared to portray a Federal impression at least on one day of the event if needed.

() **INFANTRY: UNION IMPRESSION AND WILL CAMP IN USA CAMPS.**

() **Yes** () **No** **Some of the unit will be available to participate on Friday School Field Day.**

Please circle names on attached roster of those who can attend.

I hereby acknowledge to follow all rules, and safety regulations governing this event:

Signature: _____ **Date:** _____

UNIT NAME: _____

UNIT'S MEMBERS WHO WILL ATTEND. MUST BE PRINTED LEGIBLY. ALL MUST CHECK IN AT REGISTRATION HQ UPON ARRIVAL.
PUT A CHECK BY THE NAMES OF THOSE WHO WILL PARTICPATE ON FRIDAY 8 A.M. SCHOOL DAY.

NAME: _____ EMAIL: _____

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