

**LIVING HISTORIAN REGISTRATION
CIVILIAN & SPECIALTY IMPRESSIONS**

**DOWNLOAD AND MAIL TO:
BATTLE OF AIKEN, PO BOX 1863, AIKEN SC 29802
OR SCAN AND EMAIL TO: battleofaiken@aol.com**

**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 or emailed by Jan.31.**

**All participants must check in at HQ/Registration upon arrival and agree to safety regulations, sign
release forms, and receive parking passes and maps.**

PLEASE PRINT

NAME _____

EMAIL: _____

CELL PHONE: _____ **Home** _____

STREET: _____

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

Are you a part of any organization (battalion, club, association, etc.)? Name: _____

Leader of group _____

Description of your impression _____

Will you have a table or other exhibit? Space needed? _____

Do you have a skit or scenario that could be put on the schedule? _____

**Do you specialize in 19th century crafts? (Blacksmithing, spinning, candle making, campfire cooking, 1861 music, etc.)
Describe:**

Can you participate in: () Women's Fashion Show. () 1861 Dance Demonstration () Refugee Skit

() Yes () No I plan to camp on- site.

() Yes () No I will be available to participate on the Friday 8 A.M. School Field Trip Day.

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

Signature: _____ Date: _____

ORGANIZATION NAME _____

IF COMING AS A GROUP, AD ADDITIONAL GROUP MEMBERS NAMES HERE.
CIRCLE THE NAMES OF THOSE WHO WILL PARTICPATE ON FRIDAY'S SCHOOL DAY:

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

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