

the 150th BATTLE OF SHILOH

REGISTRATION

Unit Designation: _____

_____ U.S. _____ C.S.

_____ Infantry _____ Mounted Cavalry _____ Dismounted Cavalry _____ Artillery
_____ Medical _____ Signal _____ Band _____ Engineer _____ Civilian

Unit's Website: _____

Unit Contact: _____

Contact's Address: _____

City/Town: _____ State: _____ Zip Code: _____

Contact's Phone Number: _____

Contact's Email: _____

Please list the name and rank of all participants registering for this event.

If Artillery, please include type of piece.

List any additional participants on the back of this form.

- | | |
|------------|------------|
| 1.) _____ | 11.) _____ |
| 2.) _____ | 12.) _____ |
| 3.) _____ | 13.) _____ |
| 4.) _____ | 14.) _____ |
| 5.) _____ | 15.) _____ |
| 6.) _____ | 16.) _____ |
| 7.) _____ | 17.) _____ |
| 8.) _____ | 18.) _____ |
| 9.) _____ | 19.) _____ |
| 10.) _____ | 20.) _____ |

Pre-Registration is \$10 per person. Please send check or money order to

Armies of Tennessee
97 Cemetery Road
Lawrenceburg, TN 38464