

★ LOMBARD HISTORICAL SOCIETY PROUDLY PRESENTS THE SEVENTH ANNUAL ★

LOMBARD'S CIVIL WAR REENACTMENT

JULY 21-23, 2017
FOUR SEASONS PARK

Registration Form

Unit or Group Name: _____

Commander: _____

Unit/Group Contact: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Civilian Number of Tents	Camping Arrangements Military with Dependents	Military Only Number of Tents
"A" _____ Wall _____	"A" _____ Wall _____	"A" _____ Wall _____
Shelter _____ Other _____	Shelter _____ Other _____	Shelter _____ Other _____
Impression:	UNION CONFEDERATE	UNION CONFEDERATE
	Branch of Service:	Branch of Service:
	Infantry	Infantry
	Medical	Medical
	Other	Other
	Invitation Only:	Invitation Only:
	Artillery, # Guns, Type _____	Artillery, # Guns, Type _____
	Cavalry, # Horses _____	Cavalry, # Horses _____

List participants by name and rank (indicate civilians as CIV). Please print legibly, use additional pages if necessary.

- | | |
|----|-----|
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

Hold Harmless: It is fully understood and agreed that to the fullest extent permitted by law, the registrants shall defend, indemnify, and hold harmless the Lombard Historical Society, its officials, employees, volunteers, and agents against any and all liabilities, claims, damages, losses, costs, and expenses (including reasonable attorney's fees) arising indirectly or directly in connection with or under, or as a result of this Agreement.

By submitting this registration, we agree to abide by the events guidelines.

Signature of authorized representative: _____

Please return to Lombard Historical Society by June 1.