

The Battle of Resaca Reenactment – Resaca, Georgia **Reenactor & Civilian Registration**

Please complete this form and include registration fee and a complete list of all paid members of your company by name and rank who will be attending our event. If registering Civilian, please indicate this in the place of rank. Please ***print*** all information.

Unit Name: _____

Unit Contact: _____ Rank: _____

Address: _____
(Street, City, State Zip)

Phone #: (_____) _____ E-mail: _____

Type of Unit & Number of Participants

Please check one:

_____ Confederate
_____ Federal
_____ Civilian

Number of troops:

_____ Infantry
_____ Artillery
_____ Mounted Cavalry
_____ Number of horses
_____ Dismounted Cavalry
_____ Signal
_____ Medical
_____ Civilian
_____ Engineer

Camping type:

_____ Tent
_____ Campaign
_____ Not camping

If Artillery is checked, please specify the number and type of cannon: _____

(Note: 57" wheel guns only)

Note: Confederate units may be requested to galvanize for one of the two event battles. This will ensure that proper troop ratios can be obtained. This will be avoided if at all possible, but as you realize, it honors no one by having a large force being driven by a much smaller force on the field. Approximately 105,000 Federals opposed approximately 55,000 Confederates in May of 1864 at Resaca. Please assist and cooperate to ensure that all participants enjoy realistic battles. Requests shall be handled by the respective CS or US Commanding Generals, so please volunteer in advance. Thank you.

If Confederate, will galvanize on which days' battle: (Please check one) Saturday _____ Sunday _____

Confederate, Federal, & Civilian Pre-registration received by:

Make checks payable to the "**Battle of Resaca, Inc.**" and send to:

May 1 = \$10.00 each

After May 1 & on site = \$20.00 each

Total number of paid participants _____

Total amount enclosed \$ _____

Battle of Resaca
P.O. Box 0919
Resaca, GA 30735-0919

E-mail questions to: battleofresaca@gmail.com

Company Muster Roll

Unit Name: _____

Unit Contact: _____ Rank: _____

Rank & Name: (No nicknames – please print)

Note: If registering as a Civilian, please indicate "Civ." in place of rank.

1. _____	23. _____
2. _____	24. _____
3. _____	25. _____
4. _____	26. _____
5. _____	27. _____
6. _____	28. _____
7. _____	29. _____
8. _____	30. _____
9. _____	31. _____
10. _____	32. _____
11. _____	33. _____
12. _____	34. _____
13. _____	35. _____
14. _____	36. _____
15. _____	37. _____
16. _____	38. _____
17. _____	39. _____
18. _____	40. _____
19. _____	41. _____
20. _____	42. _____
21. _____	43. _____
22. _____	44. _____

Please attach any additional paid members

All participants, by registering for and attending this event, agree that any sponsoring host, property owner, or organization connected thereof will not be liable or responsible for loss, damage, injury, death, or property during this event.