

"A Soldier's Rest"

Website: BCCW.us

Reenactor Registration Form

Please fill out the form entirely. List all registrants on the attached sheet. Mail this FULLY completed form and fees to:

141ST PVI, Company A
c/o Jody Fiske
537 Underhill Road
Wyalusing, Pa. 18853

Unit or Regiment _____

Unit Contact Name _____

Mailing Address _____

City, State & Zip _____

Contact Phone # _____

Contact Email _____

Please list the number of participants by category.

Infantry: US _____ CS _____

Artillery: US _____ # of Guns _____

Civilians: _____ (including under 12)

Living History/Other: _____ (prior approval is required)

Please specify the impression _____

Registration Fees are \$5.00 PER PERSON.

Totals: Military _____ x \$5.00 _____

Civilians _____ x \$5.00 _____

Under 12 _____ Free _____

Grand Total: \$ _____

Company A, 141st PVI
c/o Jody Fiske
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Muster Roll

Unit or Regiment _____

NO OFFICERS ABOVE THE RANK OF CAPTAIN UNLESS PRE-APPROVED

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Please return this muster roll along with the registration sheet.

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