

## UNIT MUSTER

Please register the following member(s) of:

Unit Designation \_\_\_\_\_

Unit Contact \_\_\_\_\_ Rank \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Address \_\_\_\_\_

We will serve as:  Infantry  Cavalry  Dismounted Cavalry  Artillery

All units should be prepared to galvanize for one day.

Estimated attendance: Soldiers \_\_\_\_\_ Adult Civilians \_\_\_\_\_ Children \_\_\_\_\_

Name	Rank
1.	
2.	
3.	
4.	
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18.	
19.	
20.	

If more space is needed, attach separate sheet.

Number of modern camping sites required: \_\_\_\_\_

Number of authentic camping sites required: \_\_\_\_\_

We will arrive on \_\_\_\_\_ at approximately  
 \_\_\_\_\_ am \_\_\_\_\_ pm

*Return completed  
 registration form to:*  
 Brian Fleming  
 309 W. Adams Ave.  
 Enterprise, AL 36330-2412  
*or email to*  
 MPEGCD@yahoo.com