**Enlistment Form**

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| **We are a Civil War Reenactment Group looking for men, women and their families who want to get involved and perform authentic Living History Presentations on and off the battlefield. We are a growing unit, with mounted cavalry, dismounted cavalry, artillery, infantry, medical corps, corps of cadets, women’s aid society and non-combatants. We welcome troopers, soldiers, musicians, cooks, teamsters, artillerymen, civilians, etc.** |
| **NOTE: All prospective members paying dues in and joining the unit as a member of the Military acknowledge by their signature on this form that they will comply with the following health and safety requirements:**   * **By or at the 1st event attended after your paid enlistment is received and processed, you must have or purchase 1 (1860’s period) Canteen to be carried at all times while on the battlefield.** * **By or at the 2nd event attended after your paid enlistment is received and processed, you must have or purchase a period appropriate leather belt, cartridge box, and cap box for safe conveyance of caps and black powder cartridges while on the battlefield.**   **No prospective combatant will be allowed to participate in battles if the above two requirements are not met. These are all items required to insure the health and safety of the individual as well as the safety of others around them on the battlefield. As such there will be no exceptions made for compliance with these requirements.** |
| Annual dues are $25 per person, or $35 per family. |
| **Please provide the following contact information**: |
| First Name: Email Address: |
| Last Name: Home Phone: |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any Civil War Reenactment experience; if so how many years?\_\_\_\_\_\_\_\_\_\_ |
| Do you have any reenactment equipment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any medical problems that need special attention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If so please list the name and phone of your doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For Cadet Corps only:**  A responsible adult over 21 years old must accompany cadets on every event. |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: \_\_\_\_\_ Responsible Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone of Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Height: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_ Do you have a special area you want to be in? \_\_\_\_\_\_\_\_\_\_\_ |
| Please read “**The Regiment Now, and How to get Started in the Hobby**”  You do not need to get everything at once and we will try to help you as the need arises. |
| Copy this form, paste it into a Word document, complete the form and send along with a check made payable to the “**11th Texas Cavalry, HQ**”, and send to:  **Milton Scales**  7902 Acacia Falls Ct.  Richmond, TX 77469  281-494-9623 |