

# UNIT / REENACTOR REGISTRATION FORM

EVENT NAME \_\_\_\_\_

UNIT NAME \_\_\_\_\_

UNIT COMMANDER \_\_\_\_\_

UNIT CONTACT PERSON \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

CORRESPONDENCE  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

UNIT WEBSITE (if any) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

# OF COMBATANTS \_\_\_\_\_  
(list names on reverse)

# OF NON-COMBATANTS \_\_\_\_\_  
(list names on reverse)

# of REENACTOR PASSES REQUIRED \_\_\_\_\_

# of VEHICLE PASSES REQUIRED \_\_\_\_\_

**Old Bedford Village has a policy that all combatants must have liability insurance.  
You must enclose a copy of your insurance with your registration.**

SAFETY AND AUTHENTICITY STANDARDS APPLY TO ALL REENACTORS AT THIS  
EVENT.

MAIL COMPLETED APPLICATION TO:  
OLD BEDFORD VILLAGE, 220 SAWBLADE ROAD  
BEDFORD, PA 15522 TELEPHONE (814) 623-1156