

Camp Maxwell - Memorial Park, Grove City, Pa.

August 29-30, 2026

Participant Registration Form

Affiliation: _____ Unit: _____

(10th. Penna., ext...)

(Brigade, Battalion, ext...)

Commanding Officer's Name _____ Commanding

Officer's Contact Number _____

Participant's Name: _____ Mailing Address:

_____ City, State, Zip:

Email Address: (Added names can be put on back of page for group.)

Contact Number: _____

Home _____

Mobile _____

Are you registering: _____ Union _____ Confederate Other _____ Artillery Name and Rank: _____

Company/ Organization: _____

Tent type and number: Wall Fly _____ A Tent Dog _____ Other _____

All participants MUST sign a waiver upon arrival; parents MUST sign waivers for participants under the age of 18.

All participating organizations must have active liability insurance policies.

Registration fee is \$10 per participant. No charge for anyone age 12 and under.

NO WALK ON'S

Payment can be made via check or money order to Deborah Frampton.

PLEASE RETURN REGISTRATIONS BY JULY 28th.

MAIL TO: Deborah Frampton

1767 Clintonville Road

Harrisville, Pa. 16038

