

The Battle of Funkstown

July 18,19,20, 2025

Reenactor Registration Form

Please fill this form out as completely as possible and list everyone on the attached sheet (Use additional sheets as needed.) **The first six lines on this form must be completed for registration to be accepted.**

Return all forms and fees to:
The Town of Funkstown,
P.O. Box 235. Funkstown, MD 21734

Unit or Regiment

Unit Contact person _____ Email _____
Street address _____

City, State and Zip

Phone (incl. area code) Day () _____

Evening () _____

Organization Affiliation (e.g. ANV, USV, M.G., N.R., etc.) _____

Branch of Service

LIST THE NUMBER OF PARTICIPANTS BY CATEGORY

INFANTRY: (U.S.) _____, (C.S.) _____,

CAVALRY: (U.S. Mounted) _____, Number of Horses _____,
(U.S. Dismounted) _____ (C.S. Mounted) _____, Number of Horses _____,
(C.S. Dismounted) _____

ARTILLERY:

(U.S.) _____, (Number of Guns) _____, (Type of Guns) _____
(C.S.) _____, (Number of Guns) _____, (Type of Guns) _____

AUTHENTIC DEPENDANTS:

(Camping in U.S. Military Camp) _____

(Camping in C.S. Military Camp) _____

*Living History/Other _____ (must be pre-approved)

*Specify Impression and who with:

Registration fees are: \$15.00 (children 12 - 6 \$10.00) for individuals if registered by July 10, 2025

Walk on fee \$20.00 (children 12 - 6 \$12.00) There is no charge for children under 6 years of age.

Totals: Military # _____ @ \$ _____ = \$ _____

Military Dependent # _____ @ \$ _____ = \$ _____

Living History # _____ @ \$ _____ = \$ _____

Under 6 years of age # _____ (children under 6 are free but must be registered.)

Total Amount enclosed \$ _____ (make checks payable to The Town of Funkstown)

