



# "Mosby's Men"

Registration Form  
September 23-27, 2009

PLEASE PRINT – PLEASE COMPLETE ALL QUESTIONS.

YOUR REGISTRATION MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.

## PERSONAL INFORMATION

Name of Participant: \_\_\_\_\_ Informal Name / Nickname: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Mailing Address: \_\_\_\_\_  
(Street) (Room/Apt. #) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## UNIT INFORMATION

Reenactment Unit: \_\_\_\_\_ Reenactor Status: \_\_\_\_\_  
Company \_\_\_\_\_ Regiment \_\_\_\_\_  U.S.  C.S.  Civilian  Staff

## HORSE INFORMATION

Name of Owner (if different than Rider listed above) Address of Owner (if different than Rider) Name of Horse: \_\_\_\_\_

Info of Most Recent Equine Infectious Anemia Laboratory Test "Coggins" – Report must be **negative** within 12 months prior to date of event

|                  |            |       |  |
|------------------|------------|-------|--|
| Sample Draw Date | Test Date: | State | Laboratory Accession No (from top of report) |
| MM DD YYYY       | MM DD YYYY |       |  |

EMERGENCY CONTACT Information: \_\_\_\_\_  
(required for each participant) (Name and Relationship) (Telephone)

## REGISTRATION FEES, DEADLINES, and BOUNTY for attendance.

Envelopes must be postmarked prior to deadline dates

|                                    |             |  |
|------------------------------------|-------------|--|
| January 1, 2009 – August 14, 2009  | <b>\$20</b> | \$20 Bounty returned/paid upon check-in at registration tent |
| August 15, 2009 – Sept. 15, 2009   | <b>\$30</b> | \$20 Bounty returned/paid upon check-in at registration tent |
| After September 15, 2009 (Walk-on) | <b>\$30</b> | Due at time of check-in at registration tent                 |

Please mail the following items with this Registration Form:

- Check payable to "Fourth Regiment Virginia Cavalry, Inc."
- Signed Release Form
- Copy of Coggins for horse that will be ridden – **if Coggins is not on file and not available on date of event, rider CANNOT participate.**

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to "Fourth Regiment Virginia Cavalry, Inc." and mail with this completed registration form to:

Mosby's Men Ride 2009, c/o Lee Towne, 7206 Ivakota Road, Clifton, VA 20124

\*\*\* REMITTANCES ACCEPTED IN U.S. FUNDS ONLY \*\*\*