



Unit Registration Form

Unit Name: _____ Unit Commanding Officer: _____

C.O. Email Address: _____ Number of Unit Members: _____

C.O. Phone Number: _____ Estimated Number Attending Event: _____

Liability Insurance Carrier: _____ Liability Insurance Policy Number: _____

F & I REENACTORS

Please email this completed form to elizabethmaxcyhumphrey@gmail.com.

CIVIL WAR REENACTORS

Please email this completed form to LivingHistoryEvent@gmail.com.

PLEASE MAIL A COPY OF YOUR UNITS' INSURANCE POLICY OR BINDER TO

The Living History Event NH
PO Box 703
Hillsborough, NH 03244.

ONLINE REGISTRATION

Please let your unit members know that they can
preregister online to save time at check in.

We look forward to seeing you!