$\label{eq:please-print-please-complete-all-questions} P_{\text{LEASE-PRINT}} - P_{\text{LEASE-Complete-All-Questions}}.$

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

PERSONAL INFORMATION	l							
Name of Participant:						Informal Name /	Nickname:	
			ddle Name)	(Last Na	(Last Name)			
Mailing Address:								
	(Stree	t)		(Room/Apt. #)	(City)	(State)	(Zip Code)	
Home Phone:	Mobile Phone:				E-mail Address:			
UNIT INFORMATION								
Reenactment Unit:					Reenactor			
Company:			Parent Org	·] C.S. □ Civilian	□ Staff	
HORSE INFORMATION Name of Owner (if different the	han Rider listed abov	e) Δ (ddress of O	wner (if different than F	Rider) Na i	me of Horse:		
Traine of owner (if different to	Tan Maci listed abov	<u> </u>	<u>uurc33 01 0</u>	mer (ii dinerent tildir i	(idei)	inc of florac.		
Info of Most Recent Equine	e Infectious Anem	ia Labo	ratory Test	"Coggins" – Report r	nust be negative	within 12 months prior	to date of event	
Sample Draw Date	Sample Draw Date Test Date:		State	ate Laboratory Accession No (from				
MM DD 201	MM DD 201_	_						
EMERGENCY CONTACT Info	rmation:							
(required for each particip	ant)		(Na	me and Relationship))	(Telep	ohone)	
REGISTRATION FEES, DE	ADLINES, and BO	UNTY fo	or attendan	ce.				
Envelopes must be postmarked price	or to deadline dates							
						August 15, 2013		
					elope postmarked on or before September 15, 2013 at time of check-in at registration tent			
After September	er 15, 2013 (Walk-	·on)	\$40.00 D	ue at time of check-	-ın at registrati	on tent		
Please mail the following iter ☐ Check payable to "Fo ☐ Signed Release Form ☐ Copy of Coggins for h	urth Regiment Virgi ı	nia Cav	alry, Inc."	not on file and not ava	ilable on date of	f event, rider CANNO	T participate.	
Signature of Participant:						Date		