

2019 Brooksville Raid

Artillery Registration Form

Unit Name _____

Commander's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ cell phone: _____

Email: _____

Unit Type: _____ CS _____ US _____ Either: _____ # of Civilian: _____ # of Ladies: _____

Artillery:

Number of artillery cannons: _____ Type: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Signature

Mail to: Brooksville Raid P.O. Box 12233, Brooksville, FL 34603