\frown	Prairie Grove Ba	ttlefield State Park	•
iste Grove Battles	506 E.	Douglas	
December 7, 1862		ve, AR 72753 9) 846-2990	
	Fax: (479) 846-4035	Arkancas
State Park	Email: <u>matt.mulh</u>	eran@arkansas.gov	State Parks
Reen	nactment of the Battle of Pr	airie Grove Dec. 1 st a	and 2 nd , 2018
	e	ration Form	
Unit Name:			
Brigade:			
Battalion:			
Address:		City/State/Zip Code:	
Email Address:		Cell Phor	le:
Has your unit been t	to the Prairie Grove reenactn		No 🗌 ar(s)? 2010 2012 2014 2016
If camping with a di	ivision, list division:		
In which location ha	as your unit camped in the pa	st?	
Comments:			
	Number & Tru	a of Dortioinanta	
NOTE: Please list names o	number & Type of possible attendees on back page, or a	<u>oe of Participants</u> ttach a list to this form.	
Number of Soldiers:		Union	Confederate Either
☐Infantry ☐Dism	nounted Cavalry Mounted	l Cavalry 🗌 Medical	Engineers Artillery
Number of Horses (1	If applicable):	(Bring your Coggin	s Papers - White, Pink, or Yellow)
Cannon information	n: Number & Type:		
Has this ca	annon been here before? Yes	No	
Number of	f Mules or Horses:	(Bring your Coggin	ns Papers - White, Pink, or Yellow)
Number of Civilians	s (If applicable):		
Comments:			
<u>NOTE:</u> Upon register	ring, the unit's contact person w	ill receive a confirmation	n of eligibility to participate.
	<u>REGI</u> STR#	ATION FEES	
		d updated attendance n	umbers by <u>November 16th, 2018.</u>
	isu auon win be completed on si		

PLEASE COMPLETE THIS FORM AND RETURN IT TO PRAIRIE GROVE BATTLEFIELD STATE PARK