



## Reenactment Registration Form

April 12-14, 2024 • Harlingen Field, 1216 Fairpark Blvd. Harlingen, Texas

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female

**Camp Information:** *To participate and shoot you must have black powder experience.*

Camping Out  Need Motel Information

*Need this information to get special rates from local motels.*

### CAMP ASSOCIATION:

Which camp will you be associated with?

Mexican  Texan

What position will you take?

Infantry  Cavalry  Artillery  Civilian

Name of Unit (if applicable) \_\_\_\_\_

### PARTICIPANTS:

Please list the family or Unit members that will be participating in the event:

Name	Gender	Relation	Age	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### EMERGENCY INFORMATION CONTACTS:

First Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### HEALTH ISSUES OR CONCERNS:

*If you or members of your family or unit have any health issues or concerns that we need to be aware of, please note them:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

*If you can demonstrate any skills or crafting abilities, please list them below:*

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*If you have any Living History Affiliations, please list them below:*

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**ACKNOWLEDGEMENT:**

By checking this box, signing, and submitting this form, I acknowledge, understand and abide by Texas Heritage Independence Celebration Association (THICA) Inc. Rules and Release of Liability Form I have signed.

Please submit this form with a \$15 donation. Go to <https://www.happybirthdaytexas.com> and click on the donate button on the top header. Please enter the \$15 donation and add a note the your donation is for Reenacment Registration, fill the form and submit.

Name *(Printed)* \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_