

1st California Infantry, Company F

2008 Event Registration Form

Event: _____ Event Dates: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Home unit: _____

Emergency Contact: _____ Phone: _____

Please note any medical conditions, dietary requirements, physical limitations, or other conditions which might limit your participation during this event:

Please enclose a \$15 rations fee and send to Don Smith, 209 W. Spur Dr., Cottonwood, AZ 86326