

**Barracks to Prison Pen**

**Living History & Preservation Challenge**

**Registration**

Jun 23-25, 2017, Elmira, NY

*Sponsored by: The Friends of the Elmira Civil War Prison Camp (501c3 nonprofit)*

*Elmiraprisoncamp.com*

**Before submitting payment, you must complete this form & provide a photograph of your planned impression for approval by the appropriate impression coordinator.** Email to [barracksno3@gmail.com](mailto:barracksno3@gmail.com)

1. Registration is by individual. Registration is not complete until form has been submitted to the respective impression coordinator, photo on file & registration fee is paid. Upon receipt of payment, your name will be added to the event roster and Facebook discussion page.
2. Registration fee due by May 31, 2017. NO walk ons.
   1. Military - $25 (includes rations per the historical record)
   2. Civilian - $20
   3. Payment via Paypal (Yellow donate button at top of webpage-Preferred) or

Mail: Check payable to FECWPC, 2627 Comfort Hill Rd, Wellsburg, NY 14894 (allow at least 7 working days from mailing for acknowledgement of receipt)

* 1. All unused registration funds will be donated to Friends of the Elmira Civil War Prison Camp.

1. All participants are challenged, but not required, to raise a $75 preservation donation that goes to the Friends of the Elmira Civil War Prison Camp. See the Donation Challenge tab for instructions.

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_

Impression: \_\_\_US \_\_\_\_VRC \_\_\_USCT \_\_\_CS ­­­\_\_\_Civilian

*(\* CS registrants may request a specific historical name of one of original first 400 CS POWs from the CS coordinator*)

I have a common tent Y N

I want to tent with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a tent or do not indicate tent mate preference, you will be assigned to one by the impression coordinator.

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any dietary requirements ( i.e. allergy/diabetic/vegetarian etc)? Y N

State condition (responses will be kept confidential): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any **allergies or medical conditions**? \_\_\_Yes \_\_\_No *If yes, you will be given a tag at registration, that must be kept on your person with the condition for the duration of the event.*

Do you have any medical certifications/licenses? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email completed form to: [barracksno3@gmail.com](mailto:barracksno3@gmail.com). Submission indicates you have read & agree to the impression guidelines/conditions as established on the website.