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BATTLE OF GERMANTOWN
OCTOBER 3, 2015
 Register by June 30, 2015

Unit Name: _____

American _____ British _____ Other _____

Contact Information:

Name: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail: _____

Web Site: _____

Soldiers: _____ Camp Followers: _____ Musicians: _____

Will you have artillery? Yes _____ No _____

Please enclose proof of insurance.

Would your unit be willing to present a demonstration activity of some type? (Cooking, payroll, muster, cavalry exhibit, medical demonstration, recruiting, etc.) Please explain on the reverse.

Response Date June 30, 2015

Please attach your insurance certificate with this form.

MAIL to:

Carolyn G. Wallace
 Cliveden of the National Trust
 6401 Germantown Avenue
 Philadelphia, PA 19144

OR

FAX: 215-438-2892

OR

E-MAIL: cwallace@cliveden.org