



Campaigner Adjunct
for the
Return to Manassas Event (RTM)
Elizabethtown, Pennsylvania
Friday, August 27 – Sunday, August 29, 2010

Be prepared to stay until Sunday afternoon—if you are unable to do so, please pass on this event. Full participation throughout the entire weekend is needed.

In hopes of simplifying the registration and fee collection process, please send this registration form and non-refundable check to The Potomac Legion treasurer:

Jerry Todd
7830 Outing Avenue
Pasadena, Maryland 21122-1468
E-mail: sgttodd@mainecav.org

Note: the RTM organizers approved this registration form – no other paperwork is needed to register for the event. Complete and submit one form per person.

1. Make your non-refundable¹ check out to: **The Potomac Legion**.
Note—the fee schedule below includes the Potomac Legion ration charge.

- Before June 1 \$25 \ \$20 Event + \$5 Ration Cost
- Before June 30 \$25 \ \$20 Event + \$5 Ration Cost
- Before July 31 \$30 \ \$20 Event + \$10 Ration Cost - Registration is closed

Registrations sent in without a fee will be rejected. We will be posting a roster of those who have registered for the event on a regular basis once registrations are received until the **registration deadline, July 31**, so check frequently to make sure you are registered. The official roster may be found on the Fifth New Hampshire Web site—www.fifthnhvol.org or Potomac Legion Web site—<http://pl.mainecav.org/>

¹ All or a portion of the event fee will be refunded if the event is cancelled.



Campaigner Adjunct

Return to Manassas Registration Form

Type or Print All Information Clearly

Name: _____ Date: ___/___/2010

Age (if under 18) _____

(If Under 18) _____ Parent/Guardian Responsible at Event.

Your Street Address: _____

City _____ State _____ Zip Code: _____

Phone (evening) (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Home Unit/Mess Name: _____

Company assignment—Check One

- Co. A Capt. Tom Craig
- Co. K Capt. Neil Hobbins
- Co. F Capt. Christopher Piering
- Co. H Capt. Tom Steele
- Staff Lt. Col. Skip Owens
- Other Please explain: _____

- Please check the items below
- Make a copy of everything before you mail the form(s) and check(s) to the Potomac Legion

Enclosed are the following:

- Check for \$ _____
- Potomac Legion Registration Form
- Potomac Legion Waiver
- Potomac Legion Emergency Information

IMPORTANT—If you are a certified EMT or have lifesaving/first-aid training and would be willing to help our medical staff at this event, please check this space and our medical coordinator will contact you prior to the event.

The Potomac Legion

Return To Manassas Event Registration Form

Run Date: 7/1/2010

Page 2



Campaigner Adjunct

Return to Manassas Release Form

Name: _____

LIABILITY RELEASE AND AGREEMENT TO ABIDE BY THE "Potomac Legion Campaigner Adjunct to the "Return to Manassas" Event STANDARDS.

I, the undersigned, understand that I will be participating in a potentially dangerous activity, to include a march of approximately 4 miles in length, on 27-29 August (*Potomac Legion Campaigner Adjunct* to the "Return to Manassas Event,") with the use of firearms and the recreational use of the Abel Property in Elizabethtown, Pennsylvania for outdoor activities. As a condition to, and in consideration for receiving permission to participate, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or caused by third parties to me, arising out of participation in the aforementioned activities. I hereby release, indemnify, forever discharge, and hold harmless, members, officers, and guests of the Potomac Legion from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages, or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned activities. I have read and will comply with the Potomac Legion standards. I understand there will be an inspection on the first day of the event or at any time thereafter. I understand that I will respect and honor the orders of officers and non-commissioned officers appointed over me. Failure to maintain standards or failure to respect and honor the orders of officers and non-commissioned officers appointed over me may result in being asked to leave the event.

Registration Fees - NON REFUNDABLE , which will underwrite the main event costs and provide soldiers' rations (primarily salted pork, hardtack, and coffee).

Signature: _____ Date: ___/___/2010

Print your name: _____

Signature of parent or guardian if under age 18: _____



Campaigner Adjunct
**Return to Manassas
Medical Emergency Form**

Name: _____

Medical information – Print Clearly

- This information will be your event pass
- We will distribute this form at the event
- Return this form with your registration

Person to contact in case of emergency: _____

Contact phone number(s): _____

Do you have medication with you? Yes _____ No _____

Allergies, medications, conditions for primary care providers:

Questions? Need more information? Please contact: Joe Bordonaro – beatlefans1@verizon.net