

NO PETS

# Reenactor Application Form

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## 42nd Annual Battle of Olustee Reenactment February 17 -19, 2018

UNIT TYPE (select one):   ARTILLERY                      CAVALRY                      INFANTRY  
                                 MEDICAL                      CIVILIAN                      OTHER (Explain                      )

UNIT NAME:

COMMANDING OFFICER (LIST RANK):

HOME PHONE:                      CELL PHONE                      E-MAIL:

ADDRESS CORRESPONDENCE TO:    NAME:

MAILING ADDRESS:

CITY:                                      STATE:                                      ZIP CODE

**Each Individual Unit Member Must Present a Photo ID and Register On-Site**

**NO black powder weapons of any kind will be carried or fired by any participant under 16 years of age.**

Children are not permitted on the field during the reenactments.

We have the following SPECIAL NEEDS, MEDICAL PROBLEMS OR REQUESTS:

### **Exemption From Public Disclosure**

Are you a current or former law enforcement officer, other employee\* or the spouse or child of one who is exempt from public records disclosure under S11907, F.S.?

\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support, and certain investigators in the Department of Children and Families.

**Yes**

**No**

**I understand as Unit Commander of this unit, it is my responsibility to ensure that individuals within my unit utilizing historic weapons or historic black powder weapons at Olustee Battlefield Historic State Park are at least 16 years of age or older.**

**I also understand it is my responsibility to have a signed permission slip and notarized medical authorization form in my possession for any reenactor of minor age within my unit.**

**I also understand that my entire unit will be asked to leave the Olustee Battle Event if underage reenactors from my unit are in violation of the Florida Park Service age limit policy.**

Unit Commander

Date

Unit Name

Commanding Officer

Portray Confederate Only

Portray Federal Only

Number of Unit Members Planning to Attend

This Unit is willing to galvanize to blue on Sunday

Number

### INFANTRY REGISTRATION INFO

We are not camping

We will be bringing

horses.

We will camp AUTHENTIC

"A"

Wall Tents

Shelter Halves

We will camp MODERN

Tent(s)

Camper(s)

We will need

modern spaces (area =

sq. ft.)

We wish to be BRIGADED WITH:

### ARTILLERY REGISTRATION INFO

This is a full scale artillery only event. **Only 22 guns will be permitted on the reenactment field.**

The overall commander for artillery will conduct inspections of all artillery pieces to be fired. No artillery pieces may be fired without first being inspected.

**TYPE OF GUN(S):**

I. Limber: Yes

No

Wheel Size:

II. Ammunition Chest - Full Scale Only

III. Powder Charge Size in ounces (See Table of Maximum Loads )

IV. Charge Construction description

(Aluminum foil only, no plastic bags. No additional materials such as flour or sawdust)

For Questions Regarding Participation as an Artillery Unit at the Battle of Olustee Contact

Mark Akers, Artillery Camp Coordinator - e-mail: archakers@gmail.com

### CAVALRY REGISTRATION INFO

**IMPORTANT:** All horses must be inspected in the Cavalry camp and have current Coggins verified. Any horse not inspected will not be allowed in the battle. All horses and riders must comply with the Cavalry Regulations. **All Cavalry should enter the event through the Front Gate on Thursday. Friday through Sunday entry will be through the gate off 250-A.**

# of Horses

# Wagons

# Artillery Pieces

### MEDICAL UNIT REGISTRATION INFO

Our Medical demonstration area includes:

ft X

ft tent

We can set up for the:

\_\_\_\_\_ Friday School Day demonstrations

\_\_\_\_\_ Saturday 1:00 P.M. demonstration



**Florida Department of Environmental Protection  
Florida Park Service  
Group Volunteer Application & Agreement**



<b>Volunteer Organization Title</b>	<b>Organization Contact</b>
<b>Organization Address</b>	<b>Organization Telephone</b>
<b>Leader Name</b> (Last, First, Middle initial)	<b>Leader Telephone</b> (Best)
<b>Leader Address</b> (Residence)	<b>Leader County of Residence</b>
<b>Leader E-mail</b>	<b>Anticipated Number in the Group</b>
<b>Project Date</b>	<b>Park Name</b>
<b>Group Project Description:</b>	
<p>I, _____ (print name), as leader of this group, agree that the group members will abide by all applicable Florida Park Service (FPS) rules, policies, and standards governing volunteers. I acknowledge it is my responsibility to become familiar with the contents of the FPS Volunteer Handbook and the Olustee Battle Reenactor Guidelines. A copy of the <u><b>Volunteer Handbook</b></u> may be provided by the park or can be found online by selecting the link above.</p> <p>The individuals named on the Group Participant List (attached) will participate as reenactors at the Olustee Battlefield Historic State Park for the Olustee Battle Reenactment activities scheduled for February 15 - 19, 2018. I have secured permission from the parents of all of the volunteers in the group under the age of 18. I have emergency contact information for each participant.</p> <p>I understand that volunteers are not considered to be employees of the State of Florida. Volunteers are covered by state liability protection (Section 768 28, F.S.) and workers compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply. I understand my volunteer services can be terminated by the FPS, or I can terminate my volunteer status, at any time, with or without cause, and I do not have the right to grieve or appeal.</p> <p>I understand that volunteers on duty for the Department may have photographs or videos taken and the materials may be used to promote the Department, Olustee Battlefield Historic State Park and the Olustee Battlefield Citizens Support Organization. No further releases are required.</p> <p>I understand that I, as group leader, may be asked to provide date of birth, driver's license number or other proof of identification, and/or social security number at a later date. I certify that all of the information contained in this application is true and correct. I authorize the Florida State Parks to verify the information provided.</p>	
_____ Group Volunteer Leader Signature	_____ Supervisor Signature/Park
_____ Date	_____ Date

**Florida Department of Environmental Protection  
Florida Park Service  
Group Volunteer Participant List**  
(Attach to Group Application & Agreement)



**Org. Title:**

**Project Date:**

Participant Name	Address	E-mail
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