

NO PETS

ARTILLERY REGISTRATION FORM
49th Annual Battle of Olustee Reenactment
February 13 – 15, 2026

NO PETS

Download and mail to Olustee Battlefield Historic State Park- Post Office Drawer G, White Springs, Florida 32096 or email to Andrea.Thomas@FloridaDEP.gov

All Participants must check in at Registration upon arrival and must present their valid photo ID to participate. During registrations they will receive event passes, sign event forms and agree to safety regulations. Please see event information regarding donations.

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 field during the reenactments.

PLEASE PRINT CLEARLY IF NOT USING FILLABLE FORM

This is a full-scale artillery only event. **A maximum of 16 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.

THIS FORM MUST BE SUBMITTED FOR EACH GUN.

UNION CONFEDERATE

UNIT:

GUN COMMANDER (LIST RANK):

AFFILIATION (BATTALION, BRIGADE, ETC.):

COMMANDING OFFICER (LIST RANK):

E-MAIL:

HOME PHONE:

CELL PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

GUN OWNER:

OWNER PHONE:

TYPE OF GUN:

BORE SIZE:

LIMBER:

YES

NO

WHEEL SIZE:

AMMUNITION CHEST - Full Scale Only

POWDER CHARGE SIZE IN OUNCES (See Table of Maximum Loads):

CHARGE CONSTRUCTION DESCRIPTION:

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

PARKING NEEDS (IF CAMPING AUTHENTIC – YOUR VEHICLE CANNOT BE PARKED NEXT TO YOUR TENT!)

OF VEHICLES IN UNIT:

NOT CAMPING

CAMP AUTHENTIC: # "A'S" # WALL TENTS # SHELTER HALVES

CAMP MODERN:

For Questions Regarding Participation as an Artillery Unit at the Battle of Olustee Contact Mark Akers, Overall Artillery Coordinator - e-mail: archakers@gmail.com

IF APPLICABLE REMIT PAYMENT TO:

SPECIAL NEEDS, MEDICAL PROBLEMS OR REQUESTS:

OUR UNIT WILL BE AVAILABLE TO PARTICIPATE ON FRIDAY FOR THE EDUCATION DAY: YES NO

Please list the names of those who can attend Friday:

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.? YES NO

**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.*

As the Unit Commander, I understand that it is my responsibility to ensure all members of my unit comply with the rules and safety regulations governing this event. I acknowledge that any violation by an individual within my unit may result in the removal of the entire unit from the event.

I affirm that all individuals in my unit who are using historic weapons or historic black powder weapons at Olustee Battlefield Historic State Park are at least 16 years of age or older. For any minor participating as a reenactor, I understand I must have in my possession both a signed permission slip and a notarized medical authorization form.

I am aware that if any underage reenactor in my unit violates the Florida Park Service age policy, my entire unit may be asked to leave the event.

The Olustee Battlefield Citizens Support Organization prohibits discrimination in all its programs and activities based on race, color, national origin, age, disability, sex, marital or familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or public assistance status.

All reenactors and their guests are expected to treat others with dignity and respect. Any reenactor or guest found to be engaging in discriminatory behavior will be removed from the event immediately, without question or right of appeal, and will be barred from future participation.

Unit Commander Signature _____ **Date** _____

GROUP VOLUNTEER AGREEMENT



The Florida Park Service (FPS) values your contributions, talents and service. We are dedicated to ensuring you have quality experiences which are productive, rewarding and memorable. We will provide you as a team member with adequate information, training, encouragement, support and supervision to ensure your success in joining us on our mission to provide resource-based recreation while preserving, interpreting and restoring 'The Real Florida'.

I, _____ (print group leader name), as leader of this group, I represent _____ (name of organization) and agree to:

Complete an application online and as the leader.

Secure permission from parents of all the volunteers in the group under the age of 18 years.

Have emergency contact information for each participant.

The individuals named on the group participation list (attached) will provide services to _____ (name of state park) as described:

(Group Project Description)

I agree to:

1. Support the Florida Park Service (FPS) mission and follow Department and FPS policies when communicating with the public, staff, and fellow volunteers.
2. Maintain the FPS high standards of conduct, customer service and professionalism, and a courteous and supportive attitude, always.

3. Make a good faith effort to peacefully and respectfully resolve differences and problems with fellow volunteers, staff, the FPS or the public. Refrain from unprofessional communication or malicious talk, negative criticism, personal opinions or statements.
4. Carry out only approved projects, assignments and/or duties as assigned or approved by the park.
5. Abstain from securing special privileges, benefits, personal business, or exemptions for myself or members of the group.
6. Only use state equipment, office space, and vehicles as assigned to me by the park, and return all state property issued to me at the end of the groups' service.
7. Implement all FPS safety standards and report unsafe conditions and job-related injuries immediately to staff.
8. Request clarification of rules and policies that I do not understand.
9. Provide date of birth, driver's license number or other proof of identification, later if requested. I authorize the FPS to verify the information provided.

I understand that volunteers are not considered to be employees of the State of Florida; however, volunteers are covered by state liability protection (Section 768.28, F.S.) and by workers' compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply.

I also understand my service can be terminated by the FPS with or without cause, and I do not have the right to grieve or appeal this decision, or I can terminate my volunteer status at any time with or without cause. I understand that volunteers on duty for the Department may be photographed or videoed and the materials may be used to promote the Department. No further releases are required.

I understand when volunteering for reenactment scenarios in which black powder replica weaponry and/or replica artillery is expected to be present that persons with felony convictions are prohibited by law from the constructive possession of firearms. I affirm as a condition precedent to volunteering in a reenactment that I am not a convicted felon.

I understand that volunteering involves interactions with the public, including people of all ages. I affirm that I have not committed any offense for which I am prohibited from interactions with people of all ages.

_____ (Group leaders' signature)

_____ Date

Provide participant list with Name, Email, & Phone or use the form provided below (attach additional as needed). Participants by signing below then agree to the above.

Organization Title: _____

Project

Date: _____

Participant Name	Email	Phone

Project

[illegible]

Project

[illegible]