

**NO PETS**

**Cavalry Application Form  
34th Annual Battle of Olustee Reenactment  
February 12 – 14, 2010**

**NO PETS**

UNIT NAME: \_\_\_\_\_  
(PLEASE PRINT)

COMMANDING OFFICER: \_\_\_\_\_  
(LIST RANK)

ADDRESS CORRESPONDENCE TO: \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(STREET OR PO BOX)      CITY      STATE      ZIP CODE

TELEPHONE: \_\_\_\_\_ OR \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**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**

**Number of Unit Members Planning to Attend \_\_\_\_\_**

**\*\*\* Each Individual Unit Member Must Register On-Site \*\*\***

This Unit is willing to Galvanize to blue on Sunday \_\_\_\_\_ Number \_\_\_\_\_

We will bring \_\_\_\_\_ HORSES.

**All mounts must have a validated health certificate for current Coggins test verification.**

**NO MOUNTS ARE ALLOWED** which are not battle proven.

**NO RENTAL HORSES ALLOWED** which are not reenacting horses.

Note: **PETS ARE NOT ALLOWED** at Olustee Battlefield Historic State Park during the Olustee Battle Reenactment Wednesday through Sunday. Pets are defined as fur-bearing animals such as cats and dogs.

**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.**

PLEASE RETURN THIS FORM TO: Lt. Colonel Bob McLendon  
Battle of Olustee Cavalry Coordinator  
1305-A South Brunidge Street, PMB 105  
Troy, AL 36081

Telephone: (334) 484-8562      Bob McLendon      e-mail: captcav2nd@yahoo.com

**UNIT MEMBERS PLANNING TO ATTEND**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

The Volunteer understands the service of reenacting the Battle of Olustee is not for monetary compensation. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S. and by worker's compensation in accordance with Chapter 440 F.S. Volunteers shall comply with all applicable department and agency rules. No state employment, unemployment, leave, or hours of work provisions or collective bargaining agreements shall apply to volunteers.

This agreement may be cancelled by either party at any time following notice of the other party. This agreement for any volunteer may be cancelled for documented violations of safety rules and regulations. The Volunteer understands the service of reenacting the Battle of Olustee is not for monetary compensation. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

This certifies that the above-named volunteers are participating in providing volunteer services described in the above volunteer agreement and that permission has been obtained from the parents of all volunteers under age 18.

\_\_\_\_\_  
President or other authorized official of Group      Date

\_\_\_\_\_  
Acceptance for the Division of Recreation and Parks      Date  
Termination Date \_\_\_\_\_