

## 257<sup>TH</sup> ANNIVERSARY BATTLE OF BUSHY RUN REGISTRATION



Physical address: 1253 Bushy Run Road - Jeannette, PA 15644  
 Mailing address: PO Box 468 – Harrison City, PA 15636  
 Phone: 724.527.5584  
 info@bushyrunbattlefield.com

### INDIVIDUAL/UNIT REGISTRATION FORM REGISTRATION FORM DUE DATE: JULY 18, 2020

**EVENT DATE: SATURDAY AND SUNDAY, AUGUST 1<sup>ST</sup> AND 2<sup>ND</sup>, 2020**  
**Check-in begins at 12:00 PM on July 31, 2020**  
**Check-out required by 4:00 PM on August 3, 2020**

Thank you for your interest in participating in the 257<sup>th</sup> Anniversary Battle of Bushy Run. Please read below prior to filling out the registration form. If you have any questions, please contact our Museum Facilitator at [facilitator@bushyrunbattlefield.com](mailto:facilitator@bushyrunbattlefield.com) or (724) 527-5584 x 101.

- An Individual Registration Form is required for all participants over the age of 18 unless part of a unit (see below.)
- **Unit Commanders may register their units below. An individual form is not required for each member.**
- All British battle participants must be a part of a Unit.
- Only Units or Sutlers approved by the BRBHS are permitted to participate. Please send photos to [facilitator@bushyrunbattlefield.com](mailto:facilitator@bushyrunbattlefield.com) for approval.
- All reenactors must camp in their respective camp.
- No facial hair is allowed for Native reenactors.
- Participants' dress & equipment will be reviewed prior to each event day to confirm eligibility to participate in the battle.
- All demonstrators must specify that they are demonstrating and what they are demonstrating on their registration form.
- All demonstrators who are under the age of 16 will be required to have proper release forms from Department of Labor in order to be paid.
- Parents or guardians can include children under the age of 18 on their registration form.
- All battle participants must complete the following, failure to do so may result in loss of battle privileges or stipend:
  - CHECK IN UPON ARRIVAL ON FRIDAY NIGHT (before 5 pm) OR SATURDAY MORNING (after 8 am) AT GATE
  - CHECK IN AND SUBMIT FIREARM FOR SAFETY CHECK PRIOR TO BOTH BATTLES ON BOTH DAYS

If the policies and requirements set out above are found to be agreeable, please complete the registration form below and submit to BRBHS before submission deadline (July 18, 2020).

#### PERSONAL INFORMATION

\*(ALL INFORMATION MUST BE PROVIDED)\*

Name:			
Arrival date & time:		Departure date & time:	
Current address:			
City:		State:	ZIP Code:
Email:		Phone:	Age:

#### UNIT INFORMATION

\*(FOR REENACTORS ONLY)\*

Check one of the following: <input type="checkbox"/> Native <input type="checkbox"/> British <input type="checkbox"/> Scottish <input type="checkbox"/> Ranger <input type="checkbox"/> Trader <input type="checkbox"/> Sutler <input type="checkbox"/> Educator <input type="checkbox"/> Other <i>(specify):</i>			
Unit Name:		Position:	
Unit Commander:		Unit Phone #:	Unit Email:
Unit Address:		City:	State: Zip:
Will you be firing? Yes No <b>(Please circle)</b>	Waive Stipend? Yes No <b>(Please circle)</b>	Camping on site? Yes No <b>(Please circle)</b>	

Number of adult reenactors attending:		Number of reenactors under age 18 attending:	
<b>DEMONSTRATOR/SUTLER INFORMATION</b> <i>*(FOR DEMONSTRATORS AND SUTLERS ONLY)*</i>			
Name of Company/Outfit:			
Address:		Phone:	
City:	State:	ZIP Code:	
What will you be demonstrating and/or selling? <i>(All demonstrations will be reviewed prior to payment):</i>			
<b>EMERGENCY CONTACT</b> <i>*(A CONTACT MUST BE PROVIDED)*</i>			
Name: <i>(If contact is Unit Commander, please note UNIT)</i>			
Address:		Phone:	Relationship:
<b>FAMILY PARTICIPANTS</b> <i>(PLEASE INCLUDE ALL PERSONS UNDER 18)</i>			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
<b>*STIPEND/DEMONSTRATOR PAYMENT*</b> <i>(SHADED AREA FOR BRBHS STAFF)</i>			
Payment Delivery:	Personal	Unit	<i>(Please circle to specify)</i>
		Payment validated:	SAT    SUN <i>(Circle valid days)</i>
		Name of staff:	
<b>NOTES AND SPECIAL REQUESTS</b>			
<b>SIGNATURE</b>			
Applicant authorizes that the information contained herein is accurate and complete. Applicant is aware that failure to fully complete form or disclose information may result in loss of stipend pay, forfeiture of battle participation, eviction for camp site, denial of park access or other prohibitive actions. As a parent or guardian of children listed on this form, applicant gives permission for the children to participate in event by signing below.			
Signature of applicant:		Date:	
Signature of BRBHS Representative:		Date:	

When completed, please return this form to:

**Bushy Run Battlefield  
257<sup>th</sup> Anniversary Event  
PO BOX 468  
Harrison City, PA 15636**

Bushy Run Battlefield is administered by the Pennsylvania Historical and Museum Commission in partnership with the Bushy Run Battlefield Heritage Society and is part of the PA Trails of History.

