

# SAN JACINTO RE-ENACTMENT PARTICIPANT REGISTRATION FORM

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_: Check if you consent to providing your contact info for other reenactment related activities

Contact in case of an emergency (name and telephone number):  
\_\_\_\_\_

Which camp will you be associated with during this event?

\_\_\_\_ Mexican camp \_\_\_\_ Texian camp \_\_\_\_ Civilian camp

If you will be demonstrating any skills or crafts, please list:  
\_\_\_\_\_

List your living history affiliation(s):  
\_\_\_\_\_

**COMPLETE AND RETURN BY APRIL 16, 2004 TO:**

Claudia A. Kozinetz, Registrar  
San Jacinto Re-enactment  
10039 Lynbrook Drive  
Houston, Texas 77042-1557