

UNITED STATES CAVALRY ASSOCIATION

P.O. Box 2325 / Fort Riley, Kansas 66442
785/784-5797

REGISTRATION FORM

CAVALRY LIVING HISTORY AND/OR MEMORIAL MOUNTED UNITS

NAME OF UNIT _____

OFFICER IN CHARGE _____

ADDRESS:
CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL OR WEB PAGE ADDRESS _____

HISTORICAL PERIOD OF UNIT _____

DATE OF ORGANIZATION _____ TOTAL MEMBERSHIP _____

PER CENT OF AUTHENTICITY OF

UNIFORMS _____ WEAPONS _____ EQUIPMENT _____

TYPE OF ACTIVITIES

Drills Parades Reenactments Encampments
 Marches Social Other _____

IS YOUR UNIT MOBILE AND WILLING TO TRAVEL? _____

DISTANCE WILLING TO TRAVEL _____ NUMBER OF DAYS _____

BRIEF HISTORY

Enclosed please find our \$5.00 registration fee. We authorize the public release of the above information

DATE: _____

Signature of Officer in charge