

# 2010 Battle of Secessionville

November 12, 13, 14, 2010

## Participant Registration Form

US ←----- CIRCLE ALL THAT APPLY -----> CS  
↓  
Infantry      Cavalry      Artillery      Living History      Civilian

### Name of Unit (Print)

(List the names of individuals participating in the unit on reverse side)

### Name of individual registering or registering for a unit

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

Street, P. O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Artillery:** Type and number of artillery: \_\_\_\_\_

Federal reenactors are needed for authenticity. Are you willing to galvanize?  
As a Unit or group, who will be in charge on site? \_\_\_\_\_

YES or NO

Re-Enactors and Living Historians are needed for School Days on Friday. Would you be willing to participate?  
November 12<sup>th</sup> from 9:00 Am to 3:00 Pm

YES or NO

Living Historians, please include a detailed summary of the scenario/scenarios you would like to present or demonstrate on a separate sheet of paper. Living history scenarios are limited and subject to approval by the Battle of Secessionville committee.

**Everyone**, including those staying on site but not participating (children included) and participants staying off-site, will be required to carry a pass provided to you upon Registration. Children under the age of 18 must have written and notarized permission of parent, if a parent is not attending (Form included in package).

**Registration Fees:** \$10.00 over 12 yrs, \$5.00 under 12 yrs, until **October 20, 2010**. After Oct. 20<sup>th</sup>, Registration Fees will be \$15 over 12 yrs. and \$5 under 12 yrs. . There will be no registration fees waived for this event.

**\$100.00 for powder is allowed for each cannon. Confederate guns will be limited to no more than 6 and Federal limited to 12 guns.**

**A bounty for the first five 20-man companies from out-of-state to pre-register and agree to fight and camp Federal for the weekend will receive \$100 per company. Rifles on the field only.**

**Mail all completed applications (with payment) to:**

**Wayne Dukes  
118 Hope Dr.  
Summerville, SC 29485**

For additional information contact:  
Or Call:

[BattleofSecessionville@yahoo.com](mailto:BattleofSecessionville@yahoo.com)  
843-530-6229

**Unit members registering as a group or family registering under the participant's name:**

Please list at bottom of page children under 18

Use separate sheet if additional space is required

If deadline approaches, bring this form with you to Registration

Total number of persons registering on this form *before* 10/20/2010:

\_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_      \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_      = TOTAL: \$ \_\_\_\_\_

Total number of persons registering on this form *after* 10/20/2010:

\_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_      \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_      = TOTAL \$ \_\_\_\_\_

**Please make checks payable to: The 10<sup>th</sup> SCVI.**

**ALL OF THE BELOW REGISTRANTS HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS, REGULATIONS AND INTENT OUTLINED IN THE REGISTRATION PACKET FOR THE BATTLE OF SECESSIONVILLE 2010, TO BE HELD AT BOONE HALL PLANTATION, MT. PLEASANT, SOUTH CAROLINA ON NOVEMBER 12<sup>th</sup>, 13<sup>th</sup> and 14<sup>th</sup>, 2010.**

**SIGNATURE OF UNIT COMMANDER**

**UNIT**

**DATED**

**Print Clearly**

LAST NAME	FIRST NAME	Impression – brief description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

# Battle of Secessionville 2010

November 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, 2010

118 Hope Dr.  
Summerville, SC 29485  
(843)530-6229

Email – [BattleofSecessionville@yahoo.com](mailto:BattleofSecessionville@yahoo.com)

## **GENERAL EVENT GUIDELINES**

Please note that following guidelines were prepared in the spirit of honorably portraying the Men and Women of the 1861-65 time period, and are in no way intended to prevent participation by anyone.

- Participants shall provide all information requested on the pre-registration form and sign the statement on compliance relating to guidelines, rules, and codes of conduct.
- Each person expecting to gain entry to the site must be registered and pay appropriate fee. Make unit designations clear. There will be no “independent” registrants. All registrants will be issued a **Provost Pass** that must be carried on their person at all times. Replacement passes will cost \$15.
- Check-in/ walk-on registration opens Thursday November 11<sup>th</sup> at 2:00 P.M. All registrants need to be mindful of restrictions on vehicular access to camps. All vehicles must have a parking pass displayed on dash, and park in designated parking areas. Vehicles unloading must be out of camp by 0800 Saturday or will be towed. Vehicles will be allowed to return to camps 30 minutes after Sunday’s battle.
- Confederate registration is limited to **300 (three hundred)** combatants. This may be revised based on overall registration with preference given to early registrants. Retain a copy of your registration in case of discrepancies. If we have not received your form and payment by the **October 20, 2010** deadline; you will be required to pay the late fee. **Be safe and register early!**
- The usual courtesies will be extended to **Palmetto Battalion Members** in good standing at the time of the event. Palmetto Battalion members are subject to the **300** Confederate combatant cut off and are required to pre-register.
- Confederate Artillery is limited to **six (6) guns**. Federal Artillery is limited to **twelve (12) guns. Full scale guns only**. Additional Federal Artillery units are welcome to participate as Federal Infantry (under Infantry guidelines).
- **Only approved vendors will be allowed to sell food at the event.**
- Hay will be available to purchase at cost.

## **RE-ENACTMENT RULES**

- All uniforms and equipment must be of proper materials, construction, and appearance for impression being portrayed. For authenticity additional units may be required to galvanize.
- Weapons recommended for Infantry will be three band muskets. Artillery and Cavalry are expected to have correct firearms for their impressions. No soldiers will be allowed on the field until attending safety inspection and showing Provost Pass. **Palmetto Battalion safety regulations will be used at this event.**
- Cavalry is welcome and unlimited. State Law requires that horses have a current Coggins Certificate. Horse traffic is limited to Cavalry/Artillery camps, living history, and battlefield areas.
- **No Pets** are allowed.
- Military impressions are limited to Infantry, Artillery, Cavalry, and Medical.
- Camp in designated areas only. Fire pits allowed in designated camps only and must be filled in at the end of the event. Children under 12 and Women shall camp in the Civilian or "mixed" camps.
- All modern equipment must remain hidden from sight at all times.
- All participants under the age of 18 must be accompanied by a parent or legal guardian (See attached "Authorization for Temporary Child Care" form for use at this event). No one under the age of 16 may participate on the field unless they are: a functional musician at least 12 years old, artilleryman at least 14 years old (except positions 1-4), or medical steward at least 14 years old.
- No unit or individuals may act independently on the field without prior approval of the overall commander.
- Excessive consumption of alcoholic beverages, possession or consumption of illegal substances will result in eviction from grounds and potential legal action.
- All trash must be removed at the end of the event.

**All participants are required to comply with all rules and guidelines. Any participant failing to comply will be subject to removal from the event.**

If you have any questions, contact Wayne Dukes at: [BattleofSecessionville@yahoo.com](mailto:BattleofSecessionville@yahoo.com).

Make checks payable to: **10<sup>th</sup> SCVI**

Mail applications to: **Wayne Dukes  
118 Hope Dr.  
Summerville, SC 29485**

**AUTHORIZATION FOR TEMPORARY CHILD CARE**

*This form must be printed and completed in ink.*

I (we) the parents(s), \_\_\_\_\_ and (or) \_\_\_\_\_  
Father Mother

Residing at \_\_\_\_\_  
Street Address City St. Zip Code AC & Phone No.

Testify I (we) are the legal guardian(s) of the child listed below, a minor under the age of majority.

\_\_\_\_\_  
Name Address City St. Zip Code

**DO HEREBY GRANT:**

\_\_\_\_\_  
Name Address City St. Zip Code

A member of \_\_\_\_\_, located in \_\_\_\_\_  
Organization or Reenactment Unit City State

The authority to take temporary care of \_\_\_\_\_, to take effect  
Name of Child Listed Above

Beginning at \_\_\_\_\_ o'clock on \_\_\_\_\_, and ending at \_\_\_\_\_ o'clock on \_\_\_\_\_  
Time(AM/PM) Date Time(AM/PM) Date

The named child's pertinent medical history includes the following:

\_\_\_\_\_  
Date of Birth Allergies and(or) Known Medical Conditions All Medications Currently or Recently Taken

\_\_\_\_\_  
Name of Physician Physicians Phone Number Health Insurance Carrier

**THE ABOVE NAMED CARETAKER(S) SHALL HAVE THE FOLLOWING AUTHORITY:**

1. The power to authorize medical treatment or medical procedures in an emergency situation.
2. The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
3. The power to make appropriate decisions about participation of the child in any aspect of the reenactment event.

I (we), the legal guardians state the named child is physically and medically fit to participate in a WBTS reenactment. Furthermore, I (we) agree to release the custodian, the named organization and the sponsors of the reenactment event of any and all liability for any injuries sustained by the named minor child. We also agree to pay any and all associated costs for medical treatment, including ambulance or transportation fees, doctor bills, hospital or emergency treatment facility fees and related medical needs expenses incurred by the child while under the care of the custodian.

I (we) agree to the content of, and will abide by the terms and conditions of this temporary assignment of custody.

(Signatures):

\_\_\_\_\_  
Father Date Mother Date Temporary Custodian Date

Appeared before me, \_\_\_\_\_ a notary public for the state of \_\_\_\_\_, I affix my  
hand and seal on this, the \_\_\_\_\_ day of \_\_\_\_\_, My commission expires \_\_\_\_\_.

\_\_\_\_\_  
NOTARY (SEAL)

# EVENT SURVEY

Dear Fellow re-enactors,

If you would take a minute to fill out the following survey, it would be greatly appreciated. This survey will help us in securing funds for next year's event. Thank you.

Is this the first time attending the "Battle of Secessionville"?                      YES    NO

Will you be camping at the event site?                                                              YES    NO

If no, where will you be staying?    Hotel/Motel    Campground                      Other

Will you be taking your meals on site?                                                              YES    NO

If no, where will you be eating?    Local Restaurants    Fast food                      Other

Will you be visiting other historical sites in the Charleston area?                      YES    NO

How far did you travel to get to the "Battle of Secessionville"?                      \_\_\_\_\_Miles

What are your anticipated expenses for your visit? (Optional)    \$\_\_\_\_\_

Thank you for taking the time to help us plan for the "Battle of Secessionville" for next year.

**10<sup>th</sup> South Carolina Volunteer Infantry**