



Battle of Secessionville  
<http://www.battleofsecessionville.org>  
1130 John Rutledge Ave.  
Hanahan, SC 29410-2018

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July 29, 2011

Dear Re-enactors,

Thank you for your interest in the 2011 Battle of Secessionville held at Boone Hall Plantation by the Confederate Heritage Trust. This is the 22nd annual reenactment of the historic battle which took place on James Island in 1862. We hope you will consider coming to our battle and staying for a few extra days in our historic city.

There are many WBTS sites in our beautiful city that will be open during the weekend of November 11<sup>th</sup>, 12<sup>th</sup>, and 13<sup>th</sup>. The Warren Lasch Conservation Center, home of the Confederate Submarine H. L. Hunley, will be open on Friday, November 11<sup>th</sup> as well as the rest of the weekend. The Daughters of the Confederacy Museum in downtown Charleston will be open Friday, Saturday and Sunday. Fort Sumter, Fort Moultrie, Fort Johnson and Fort Lamar are a short drive away from the reenactment site.

Please consider coming to historic Charleston, South Carolina on the weekend of November 11<sup>th</sup>, 12<sup>th</sup>, and 13<sup>th</sup> for the Battle of Secessionville where you will have the opportunity to have fun. While you are visiting, we hope you will take the opportunity to enjoy our Southern hospitality, great seafood restaurants, and Low Country historic sites. All profits from our event will go to preserve South Carolina Confederate flags in the Confederate Relic Room and Military Museum collection.

Thank You,

*Randy Burbage*  
Event Chairman

# 2011 Battle of Secessionville

November 11, 12, 13, 2011

## Participant Pre-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: (Day) \_\_\_\_\_

(Evening) \_\_\_\_\_

Email: \_\_\_\_\_

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

Federal re-enactors are needed for authenticity. Are you willing to galvanize? **YES** or **NO**  
As a Unit or group, who will be in charge on site? \_\_\_\_\_

**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).

**Early Registration Fee:** \$10.00 over 16 yrs, \$5.00 under 16 yrs, Free 6 yrs and under until **October 26, 2011**. **Registration** will be \$15 over 16 yrs. and \$5 under 16 yrs. after October 26<sup>th</sup>. There will be no pre-registration fees waived for this event.

**Confederate guns will be limited to no more than 6 and Federal limited to 12 guns. \$100.00 for powder applies only to 6 Confederate and 12 Federal.**

**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:**

**Pat Blich  
15 Palomino Court  
Charleston, SC 29407**

For additional information contact:

Or Call:

[patscla@comcast.net](mailto:patscla@comcast.net)

843-571-3371 or Cell 843-814-9135

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

Please list at bottom of page children under age 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* 10/26/2011:  
 \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_      \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_      = TOTAL: \$ \_\_\_\_\_  
 Total number of persons registering on this form *after* 10/26/2011:  
 \_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_      \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_      = TOTAL \$ \_\_\_\_\_

**Please make checks payable to: The Confederate Heritage Trust, Inc.**

**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 2011, TO BE HELD AT BOONE HALL PLANTATION, CHARLESTON, SOUTH CAROLINA ON NOVEMBER 11<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup>, 2011.**

SIGNATURE OF UNIT COMMANDER

UNIT

DATED

Print Clearly

LAST NAME	FIRST NAME	Impression – brief description
1.		
2.		
3.		
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16.		
17.		
18.		
19.		
20.		

# Battle of Secessionville 2011

November 11<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 2011

Pat Blich  
15 Palomino Court  
Charleston, SC 29407  
(843) 571-3371 – Cell: (843) 814-9135  
Email - [patscla@comcast.net](mailto:patscla@comcast.net)

## 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 10<sup>th</sup> at 12:00 P.M. All registrants need to be mindful of restrictions on vehicular access to camps. All vehicles must have parking pass 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 26, 2011** 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.**

## **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 not limited this year. State Law requires that horses have a current Coggins Certificate. Horse traffic is limited to Cavalry/Artillery camps, living history, and battlefield areas.
- For liability reasons **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.**

Special motel arrangements: Days Inn, Mt. Pleasant, SC. Ask for the special rate for “Battle of Secessionville” \$69 + tax for up to 4 adults in one room. **Reservations must be made no later than October 11, 2011. You must call the toll free number to register for these special rates- 1-866-637-8781.** You may contact Days Inn at: [www.the.daysinn.com/mtpleasant05261](http://www.the.daysinn.com/mtpleasant05261) or email at: [mtpleasantdaysinn@hotmail.com](mailto:mtpleasantdaysinn@hotmail.com)

For other motels and restaurants go to Map Quest and type in Mt. Pleasant, S.C.

If you have any questions, contact Pat Blich at: [patscla@comcast.net](mailto:patscla@comcast.net).

Make checks payable to: **CONFEDERATE HERITAGE TRUST, INC.**

Mail applications to: Pat Blich  
15 Palomino Court,  
Charleston, SC 29407

AUTHORIZATION FOR TEMPORARY CHILD CARE

11, 12, & 13<sup>th</sup> November 2011

This form must be printed and completed in ink.

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

Residing at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City State 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 State Zip Code

**DO HEREBY GRANT:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name Address City State 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 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 WTBS reenactment. Furthermore, I (we) agree to release 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 seal on this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. My commission expires \_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Notary

# 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 your 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 foods      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.

**CONFEDERATE HERITAGE TRUST, INC.**