Registration Form

Days of Napoleon

Belvidere, IL

July 16-18, 2010

Unit Title_____

(Circle one) Grande Armee or Coalition Forces

Unit Contact: Name_____

Address_____

City, State / Province_____

Zip / Postal Code_____

Home Phone_____ cell_____

Email_____

Number attending: Officers _____

Non Commissioned Officers _____

Soldiers / Troopers _____

Camp Followers _____

Approximately how many bags of ice will your unit need? _____

Cavalry: Number of Horses _____

(Note - all horses must have a current negative Coggins test which must be shown before the animals are unloaded on site.)

Artillery: Number of Guns_____ Size_____

What org/comp does your unit have insurance with _____

Approximate Arrival time_____ Departure time_____

Questions: call or email Dave Saint Germain 815-544-9315
dsaintc1@verizon.net

Return this form to: Irene Klapper 414-771-0020 home
2113 N 57th Street klapperfamily@wi.rr.com
Milwaukee, WI 53208

Registration Deadline: June 1, 2010

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Unit Leader/s _____ _____

Non Com Officers _____ _____

_____ _____

_____ _____

_____ _____

Soldiers / Troopers _____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Camp Followers _____ _____

_____ _____

_____ _____

_____ _____