

BATTLE OF GERMANTOWN OCTOBER 2, 2021

RE-ENACTMENT AT 12 PM

Unit Name:			
American	Brit	ish	Other
Contact Information:			
Name:			
Address:			
City, State, ZIP:			
Daytime Phone:			
E-Mail:			
Web Site:			
Soldiers:	Camp Followers:	M	usicians:
Will you have artillery?	Yes No _		
Please enclose proof of insurance.			

Response Date August 30, 2021

Please attach your insurance certificate with this form.

MAIL to:

Carolyn G. Wallace Cliveden of the National Trust 6401 Germantown Avenue Philadelphia, PA 19144

OR

E-MAIL: cwallace@cliveden.org