

# Battles of Kellysville and Kelly's Ford

## May 14-15 2005

POTOMAC HORSE FEVER --- WEST NILE VIRUS HIGHLY RECOMMENDED TO VACCINATE FOR THIS PRIOR TO COMING BUT NOT REQUIRED.  
REQUIRED: COGGINS CURRENT WITHIN 12 MONTHS OF EVENT -- IF OUT OF STATE - COPY OF VACCINE GIVEN AND DATE

**Inn at Kelly's Ford 16589 Edwards Shop Road Remington, VA 22734**  
**Phone: (540) 399-1779 Fax: (540) 399-9980 Email: [kellysfordinn@aol.com](mailto:kellysfordinn@aol.com)**



### Registration Instructions

You will need to download and/or print this page, which will serve as your registration for this event. ALL registrations are to be done individually, although unit commanders may submit a mass registration from their individual members and send it in with one check. Any registration sent in without the registration fee will be held as non-registered until payment is received.

The sponsor, **The Inn at Kelly's Ford** will be posting a roster of those who have registered for the event on a weekly basis starting March 1, 2005 and continuing until May 13, 2005.

The Inn at Kelly's Ford reserves the right to limit the total number of re-enactors at this event. Total number of Confederate Infantry and Federal Infantry will be 250 each. The total number of Artillery will be 10 Confederate static guns and 3 Federal static guns. We will take all horse drawn Artillery willing to galvanize. All Cavalry are welcome. The Commanding Confederate and Federal Officers will have final acceptance for all re-enactors and units at this event. **Please register early!**

### **Camps open at noon on Friday, 13.**

**Registration -\$5:00** Register for the event by completing the registration form and waiver form. Please send/mail these forms with the registration fee to the **Inn at Kelly's Ford**, or phone (540) 399-1779 with credit card. If you register via the phone and credit card you will still need to complete the registration and waiver forms. These forms may be sent/mail or emailed in.

**Walk-ons -\$8.00** The Inn at Kelly's Ford reserves the right to limit the number of walk-ons, however walk-ons will be welcome if the total number of re-enactors have not yet been met prior to the day of the event. Once the maximum number of re-enactors is met registration will be closed. **Please register early!**

When you first arrive on site at the event you must check in at the registration tent. You may bring a signed copy of waiver with you or sign participant release forms on site.

If you have any questions or suggestions, please contact **Holly Richards** at the **Inn at Kelly's Ford** at (540) 399-1779 or email her at [kellysfordinn@aol.com](mailto:kellysfordinn@aol.com). We hope that you will join us to commemorate the Battles of Kelly's Ford and Kellysville on a portion of the original battlefield.

Sincerely,

Holly Richards  
Inn at Kelly's Ford  
Reenactment Coordinator

## **Military and Civilian Registration Form**

### **REENACTMENT OF THE BATTLES OF KELLYS FORD and KELLYSVILLE MAY 14-15, 2005 ON THE KELLYS FORD BATTLEFIELD REMINGTON, VIRGINIA**

**CS MILITARY AFFILIATION:** (max 250 total)

ANV  CMF  Longstreets Corps  PACS  Other \_\_\_\_\_

**US MILITARY AFFILIATION:** (max 250 total)

NR  USV  Vincent  Irish  Mifflin  Other \_\_\_\_\_

**NUMBER OF PARTICIPANTS IN CAMP:**

CS CAMP \_\_\_\_\_  US CAMP \_\_\_\_\_

Infantry: \_\_\_\_\_ Artillery: \_\_\_\_\_ Medical: \_\_\_\_\_ Cavalry: \_\_\_\_\_

Signal Corps: \_\_\_\_\_ Civilian: \_\_\_\_\_ Minors: \_\_\_\_\_  
(12 AND UNDER FREE)

# of Cavalry and Staff Horses: \_\_\_\_\_ ( Coggins Certificate Required )

# of Cannons: \_\_\_\_\_ Type: \_\_\_\_\_

Bounty will be Limited to first 10 Confederate Guns & first 3 Federal Guns

UNIT NAME: \_\_\_\_\_

INDIVIDUAL or UNIT CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TOTAL NUMBER OF PARTICIPANTS \_\_\_\_\_ x \$5.00 FEE = TOTAL \_\_\_\_\_

WILL YOU BE JOINING US FOR THE PERIOD BALL ON  
SATURDAY? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECKS (U.S. DOLLARS): Should be made payable to INN at KELLY'S FORD 2005  
REENACTMENT

MAIL TO: Inn at Kelly's Ford  
16589 Edwards Shop Road  
Remington, VA 22734

# Participant Waiver and Release Form

## Inn at Kelly's Ford Reenactment May 14-15, 2005

Please read this carefully as you are waiving certain legal rights by signing this Participant Waiver and Release Form

**CS MILITARY AFFILIATION:** (max 250 total)

ANV  CMF  Longstreets Corps  PACS  Other \_\_\_\_\_

**US MILITARY AFFILIATION:** (max 250 total)

NR  USV  Vincent  Irish  Mifflin  Other \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

UNIT NAME: \_\_\_\_\_

PARTICIPANT NAME & RANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ (for office use only)

By attending and participating in this reenactment, I recognize that there are risks attendant to this activity, including, but not limited to, open campfires, handling and use of black powder, discharge of small arms and cannons, the risk of injury attendant to movement of large groups of people, the presence and use of horses and/or other animals and risks associated with primitive camping. I hereby assume any and all risks of danger occasioned by my presence and participation in any and all activities in any way related to the reenactment. I further agree to release and hold harmless the Inn at Kelly's Ford, its owners, their agents and employees from any and all claims for property damage or personal injury of any kind, no matter how incurred, sustained during my presence at the reenactment or while on their properties.

**FAMILY MEMBERS MAY SIGN ON SAME WAIVER      DATE \_\_\_\_\_**

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MINORS: \_\_\_\_\_ MINORS: \_\_\_\_\_

**LIST NAMES OF MINOR CHILDREN UNDER 18 YEARS OF AGE**