



Living History REGISTRATION FORM
September 13, 14, 15, 2019

Group/Unit Affiliation: _____

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Daytime: _____ **Cell:** _____

Email: _____

Emergency Contact Information:

Name: _____ **Relationship:** _____

Phone No: _____

Estimated Day & Time of Arrival? Thursday _____ Friday _____ Other _____

Departure on Sunday after the show _____ **or Monday** _____ **(check one)** _____

Are you camping on the AIRSHO grounds with your Unit: Yes _____ No _____

List Military Vehicles bringing to AIRSHO:

Year: _____ **Type:** _____

List ALL Weapons bringing to AIRSHO:

For Group/Unit Leaders only: **Total Square Footage Requested for Encampment** _____

Other Special Requests:

Return Form to: CAF High Sky Wing AIRSHO 2019
ATTN: Living History Registration
P. O. Box 61064
Midland, TX 79711

or
Fax to: 432-685-1277
Email: goldendc1861@yahoo.com
Questions: Bobby Meroney
432-528-0345 cell
OR Cody Golden
432-741-1897 cell