



**Living History REGISTRATION FORM**  
**September 10, 11, 12, 2021**

**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 2021  
ATTN: Living History Registration  
P. O. Box 61064  
Midland, TX 79711

or  
Fax to: 432-685-1277  
Email: goldendc1861@yahoo.com  
Questions Contact:  
Cody Golden  
432-741-1897 cell