

REENACTORS OF THE AMERICAN CIVIL WAR

APPLICATION FOR UNIT TRANSFER



Name (one person only) (First, Middle, Last)		Age	Birth Day
Address		City	State
Email		Home Tel	Cell

UNIT TRANSFER FROM (CHECK ONLY ONE)

MILITARY

- | | |
|--|---|
| <input type="checkbox"/> CONFEDERATE BRIGADE STAFF
<input type="checkbox"/> PROVOST MARSHALL
<input type="checkbox"/> CSA MEDICAL DEPARTMENT
<input type="checkbox"/> CSA SIGNAL CORPS
<input type="checkbox"/> CSA CADET CORPS
<input type="checkbox"/> 1 ST TEXAS INFANTRY
<input type="checkbox"/> 8 TH ALABAMA INFANTRY
<input type="checkbox"/> 42 ND VIRGINIA INFANTRY
<input type="checkbox"/> HURT'S BATTERY, ALABAMA LT. ARTILLERY | <input type="checkbox"/> UNION BRIGADE STAFF
<input type="checkbox"/> PROVOST MARSHALL
<input type="checkbox"/> US MEDICAL DEPARTMENT
<input type="checkbox"/> US Signal Corps
<input type="checkbox"/> US CADET CORPS
<input type="checkbox"/> US FIFE AND DRUM CORPS
<input type="checkbox"/> US CADET CORPS
<input type="checkbox"/> 1 ST US CAVALRY
<input type="checkbox"/> 9 TH REG. INVALID CORPS
<input type="checkbox"/> 72 ND NEW YORK INFANTRY
<input type="checkbox"/> FEDERAL ARTILLERY |
|--|---|

NON-COMBATANT CORPS

- SOUTHERN REFUGEES
 US CHRISTIAN COMMISSION
 US SANITARY COMMISSION

UNIT TRANSFER TO (CHECK ONLY ONE)

MILITARY

- | | |
|--|---|
| <input type="checkbox"/> CONFEDERATE BRIGADE STAFF
<input type="checkbox"/> PROVOST MARSHALL
<input type="checkbox"/> CSA MEDICAL DEPARTMENT
<input type="checkbox"/> CSA SIGNAL CORPS
<input type="checkbox"/> CSA CADET CORPS
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<input type="checkbox"/> FEDERAL ARTILLERY |
|--|---|

NON-COMBATANT CORPS

- SOUTHERN REFUGEES
 US CHRISTIAN COMMISSION
 US SANITARY COMMISSION

SIGNATURE

I hereby request transfer into the above selected unit. I understand that my transfer is contingent upon acceptance by the Commander of the unit into which I am transferring.

Signed: _____ Dated: _____

APPROVAL SIGNATURES

Outgoing Unit Commander: _____ Dated: _____

† Outgoing Brigade Commander: _____ Dated: _____

Incoming Unit Commander: _____ Dated: _____

† Incoming Brigade Commander Signature: _____ Dated: _____

† Required only if changing brigades.

RETURN COMPLETED TRANSFER APPLICATION TO:
 R.A.C.W.
 P.O. BOX 493951
 REDDING, CA. 96049