



Living History REGISTRATION FORM
September 15, 16, 17, 2017

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 2017 or Fax to: 432-685-1277
ATTN: Bobby Meroney Email: bmgasalley@mygrande.net
P. O. Box 61064 Questions: Bobby Meroney
Midland, TX 79711 432-528-0345 cell