

**NO PETS**

Reenactor Application Form  
47th Annual Battle of Olustee Reenactment  
February 16 –18, 2024

**NO PETS**

Please see event information regarding donations

UNIT TYPE (select one): ☐ ARTILLERY ☐ CAVALRY ☐ INFANTRY  
☐ MEDICAL ☐ CIVILIAN ☐ OTHER (Explain )

UNIT NAME:

COMMANDING OFFICER (LIST RANK):

HOME PHONE:

CELL PHONE

E-MAIL:

ADDRESS CORRESPONDENCE TO:

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE

**Each Individual Unit Member Must Present a Photo ID and Register On-Site**

**NO black powder weapons of any kind will be carried or fired by any participant under 16 years of age.**  
Children are not permitted on the field during the reenactments.

We have the following SPECIAL NEEDS, MEDICAL PROBLEMS OR REQUESTS

**Exemption From Public Disclosure**

Are you a current or former law enforcement officer, other employee\* or the spouse or child of one who is exempt from public records disclosure under S11907, F.S.?

\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support, and certain investigators in the Department of Children and Families.

☐

Yes

☐

No

**I understand as Unit Commander of this unit, it is my responsibility to ensure that individuals within my unit utilizing historic weapons or historic black powder weapons at Olustee Battlefield Historic State Park are at least 16 years of age or older.**

**I also understand it is my responsibility to have a signed permission slip and notarized medical authorization form in my possession for any reenactor of minor age within my unit.**

**I also understand that my entire unit will be asked to leave the Olustee Battle Event if underage reenactors from my unit are in violation of the Florida Park Service age limit policy.**

Unit Commander Signature

Return all Pages of Application To:  
Olustee Battlefield Historic State Park  
Post Office Drawer G  
White Springs, Florida 32096

Date

Unit Name  Commanding Officer

☐ Portray Confederate Only ☐ Portray Federal Only Number of Unit Members Planning to Attend

☐ This Unit is willing to galvanize to blue on Saturday ☐ This Unit is willing to galvanize to blue on Sunday

### INFANTRY REGISTRATION INFO

We are not camping ☐ We will be bringing  horses.

We will camp AUTHENTIC ☐ "A"  Wall Tents  Shelter Halves

We will camp MODERN ☐ Tent(s)  Camper(s)

We will need  modern spaces (area =  sq. ft.)

We wish to be BRIGADED WITH:

### ARTILLERY REGISTRATION INFO

This is a full scale artillery only event. **Only 22 guns will be permitted on the reenactment field.**

The overall commander for artillery will conduct inspections of all artillery pieces to be fired. No artillery pieces may be fired without first being inspected.

TYPE OF GUN(S):

I. Limber: Yes ☐ No ☐ Wheel Size:

II. Ammunition Chest - Full Scale Only ☐

III. Powder Charge Size in ounces (See Table of Maximum Loads)

IV. Charge Construction description

(Aluminum foil only, no plastic bags. No additional materials such as flour or sawdust)

For Questions Regarding Participation as an Artillery Unit at the Battle of Olustee Contact

Mark Akers, Overall Artillery Coordinator - e-mail: archakers@gmail.com

We are not camping # Vehicles in Unit

We will camp AUTHENTIC # "A's" #Wall Tents #Shelter Halves

We will camp MODERN

### CAVALRY REGISTRATION INFO

**IMPORTANT:** All horses must be inspected in the Cavalry camp and have current Coggins verified prior to unloading. Any horse not inspected will not be allowed in the battle. All horses and riders must comply with the Cavalry Regulations. **Please see Reenactors Guide for specific instructions regarding arrival and Coggins Verification requirements prior to unloading.**

# of Horses

# Wagons

# Artillery Pieces

# of Horse Trailers

WE WILL CAMP AUTHENTIC

## MEDICAL UNIT REGISTRATION INFO

We are not camping ☐

We will camp AUTHENTIC ☐

"A" ☐

Wall Tents ☐

Shelter Halves ☐

We will camp MODERN ☐

Tent(s) ☐

RV(s) ☐

We will need ☐ modern spaces (area =  sq. ft.)

We wish to be BRIGADED WITH:

Our Medical demonstration area requires:  ft X  ft

We can set up for the:

☐ Friday School Day demonstrations

☐ Saturday 10:00 A.M. demonstration

## CIVILIAN UNIT REGISTRATION INFO

We are not camping ☐

We will camp AUTHENTIC ☐

"A" ☐

Wall Tents ☐

Shelter Halves ☐

We will camp MODERN ☐

Tent(s) ☐

Camper(s) ☐

We will need ☐ modern spaces (area =  sq. ft.)

We wish to be SET UP WITH:

Our demonstration area requires:  ft X  ft

We can set up for the:

☐ Friday School Day demonstrations

We Will Demonstrate/Portray – Please list all

Return all Pages of Application To:  
Oluṣṭee Battlefield Historic State Park  
Post Office Drawer G  
White Springs, Florida 32096



**FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION**

**Division of Recreation and Parks  
Group Volunteer Agreement**

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The Florida Park Service (FPS) values your contributions, talents and service. We are dedicated to ensuring you have quality experiences which are productive, rewarding and memorable. We will provide you as a team member with adequate information, training, encouragement, support and supervision to ensure your success in joining us on our mission to provide resource-based recreation while preserving, interpreting and restoring 'The Real Florida'.

I, \_\_\_\_\_ (print group leader name), as leader of this group,

I represent \_\_\_\_\_ (name of organization) and agree to

- Complete an application online and as the leader.
- Secure permission from parents of all the volunteers in the group under the age 18 years.
- Have emergency contact information for each participant.

The individuals named on the group participation list (attached) will provide services to **Olustee**

**Battlefield Historic State Park** (name of state park) as described: **Provide Reenactors**

**who agree to follow all event guidelines for the Olustee Battle Reenactment**

**February 15 (Thursday) through February 18 (Sunday), 2024** (Group Project

Description)

I agree to:

1. Support the Florida Park Service (FPS) mission and follow Department and FPS policies when communicating with the public, staff, and fellow volunteers.
2. Maintain the FPS high standards of conduct, customer service and professionalism, and a courteous and supportive attitude, always.
3. Make a good faith effort to peacefully and respectfully resolve differences and problems with fellow volunteers, staff, the FPS or the public. Refrain from unprofessional communication or malicious talk, negative criticism, personal opinions or statements.



4. Carry out only approved projects, assignments and/or duties as assigned or approved by the park.
5. Abstain from securing special privileges, benefits, personal business, or exemptions for myself or members of the group.
6. Only use state equipment, office space, and vehicles as assigned to me by the park, and return all state property issued to me at the end of the groups' service.
7. Implement all FPS safety standards and report unsafe conditions and job-related injuries immediately to staff.
8. Request clarification of rules and policies that I do not understand.
9. Provide date of birth, driver's license number or other proof of identification, later if requested. I authorize the FPS to verify the information provided.

I understand that volunteers are not considered to be employees of the State of Florida; however, volunteers are covered by state liability protection (Section 768.28, F.S.) and by workers' compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply.

I also understand my service can be terminated by the FPS with or without cause, and I do not have the right to grieve or appeal this decision, or I can terminate my volunteer status at any time with or without cause. I understand that volunteers on duty for the Department may be photographed or videoed and the materials may be used to promote the Department. No further releases are required.

\_\_\_\_\_ (Group leader's signature) \_\_\_\_\_ Date

**Provide participant list with Name, Email & Phone or use the form provided below** (attach additional as needed)

**Organization Title:** \_\_\_\_\_ **Project Date:** 2/15-2/18/2024

Participant Name	Email	Phone

Add additional sheets as appropriate

