



REGISTRATION FORM

Reenactors & Living History

Participant Name:

Club/Association Name:

Address:

Post Code:

Residence:

Telephone Number:

Emergency Contact:

E-Mail:

First Aid / ER Officer (indicate here if you are a first aid or an ER)

Display: (for example: U.S. Paratrooper)

WW2 vehicles:

(Indicate what kind of WW2 vehicle(s) are included and pass on the overall surface area.) Total m²

License Plate(s):

Vehicle Insurance (indicate here) Insurance Company:

WW2 Tents:

(indicate what kind of tent(s) will be taken and the surface) Total m²

Extra WW2 Items:

(indicate here what extra you want to display, name items so we prepare the space for it at the camp

What weapons do you bring (Registr.)

Registration Number:

Comments:

Civil Vehicles outside the WW2 camp:

(enter here if you come with a modern car with a trailer, etc, so that we can also determine the parking space)

By checking the box on the right, the participant declares have entered the above information correctly and hereby accept the rules and instructions of the Wings of Freedom organization.

For questions about the form or more information about the event? Send an e-mail to: wof@delware.company
E-mails will be answered within 2 working days!