

# LEGIO IX HISPANA

## PARTICIPANT MEMBER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

*\*Please fill out a separate application for each member of your family who will be participating.*

*\*Minor's Application must be accompanied by a Parental Permission Form*

☐ Roman Soldier    ☐ Briton or Celt    ☐ RomanoBriton    ☐ Civilian

What interests you most about being a participant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any craft skills? Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please sign and date: \_\_\_\_\_

Parents, please sign for minor: \_\_\_\_\_

Mail to: Legio IX Hispana, East Coast,

**Rob Zienta**

**9240 Countess Dr.**

**Owings Mills, MD 21117**

*Or call: 410.363.3809 EST*