



LEGIO · XXX

— VIPIA VICTRIX —

Member Information

Personal Information

Full Name: _____
Last First M.I.

Date of Birth: _____
DD-MM-YYYY

Address: _____
Street Address Apartment/Unit #

City Province /State Postal code

Home Phone: _____ Alternate Phone: _____

Email _____

Special skills _____

physical limitations that impede participation in certain activities

Chosen Roman Name _____

Choice of position(s) re-enacting

First _____ Second _____

Have you ever reenacted _____

Comments _____

