



**JUNE 7 + 9, 2024**



# ANCESTOR MEMORIAL

Name: \_\_\_\_\_

Camp Name & Number: \_\_\_\_\_

Position/Rank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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*Cost per memorial is \$10.00 each to be placed in the Reunion Program. The deadline for placing memorials in the program is May 4, 2024.*

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Ancestor of: \_\_\_\_\_  
Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Company: \_\_\_\_\_

Please, make your check payable to:  
**“SCV Hood's Texas Brigade #153”**,  
with **“TX. Div. Reunion”** in the memo.

All registration forms must be mailed to:  
**SCV Hood's Texas Brigade, Camp #153**  
**510 Radiance Ave.**  
**San Antonio, TX. 78218-2645**

- or emailed to the following -  
**2024txdivreunion@scvhoods153.net**



**PRESENTED BY:**  
**Sons of Confederate Veterans**  
**HOOD'S TEXAS BRIGADE, CAMP #153**

**With the loving support of the**  
**Texas Society Order of Confederate Rose™, INC.**  
**ALAMO ROSE, CHAPTER 4**