



**USS COBIA "The Nation's Most Completely Restored WWII Submarine"  
Overnight Education Program**

**REPLY FORM**

Group: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Group Leader/Contact: \_\_\_\_\_

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

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Overnight Participants: \_\_\_\_\_

(You can contact the Group Tour Coordinator with changes to this initial estimate. **The Museum must be notified of changes of 10 +/- at least 30 days prior to your visit or you will be charged for the number indicated above.**)

Age Range of Youth Participants: \_\_\_\_\_ - \_\_\_\_\_

Please sign below to indicate that you have read the USS COBIA Overnight Education Program Materials and that your group has read and understands the regulations therein. Your signature also indicates that your group agrees to be in compliance with said regulations. Your group will be held legally and financially responsible for any damage that occurs during your Overnight Program by any members of your group.

Name of Party Responsible (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Role in Group (i.e. Scout Master, Group Coordinator, etc.): \_\_\_\_\_

Please complete the information above and send this form and payment in the amount of \$200.00 **within 14 days** of making your reservation to:

Wisconsin Maritime Museum  
USS COBIA Overnight Education Program  
75 Maritime Drive  
Manitowoc, WI 54220

\_\_\_\_\_ Check (payable to the Wisconsin Maritime Museum)

\_\_\_\_\_ Credit Card: \_\_\_\_\_ Exp. \_\_\_\_\_