



**USS COBIA FAMILY OVERNIGHT PROGRAM REPLY FORM**

**Circle the date of the Overnight Program you would like to participate in:**

**Saturday, July 21<sup>st</sup>, 2012**

**Friday, August 3, 2012**

**Saturday, August 11, 2012**

Family or Individual (Reservation Name): \_\_\_\_\_

Contact Name (Must be 18+): \_\_\_\_\_

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

Daytime Phone No: \_\_\_\_\_ Evening Phone No: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Participants: Youth (under 18) \_\_\_\_\_ Adult \_\_\_\_\_

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

Please print the first and last names of all participants registering under this Family/Registration Name:

_____	_____
_____	_____
_____	_____
_____	_____

**Contact Name:** Please sign below to indicate that you have read the USS COBIA Family Overnight Program Information Packet and that your family/group understands the regulations therein. Your signature will be held legally and financially responsible for any damage that occurs during you Overnight Program by any members of your family/group.

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

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

Please complete the information above and send this form and payment to:

Wisconsin Maritime Museum  
Family Overnight Program  
75 Maritime Drive  
Manitowoc, WI 54220

\_\_\_\_\_ Credit Card No \_\_\_\_\_ Exp. \_\_\_\_\_

\_\_\_\_\_ Check (Payable to: Wisconsin Maritime Museum)

Please indicate if there is another family/group participating with whom you would like to be berthed/grouped for activities?