



USS COBIA FAMILY OVERNIGHT PROGRAM REPLY FORM

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

Saturday, June 29, 2019

Saturday, August 3, 2019

Family or Individual (Reservation Name): _____

Contact Name (Must be 18+): _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

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

Check (Payable to: Wisconsin Maritime Museum)

Credit Card No _____ Exp. ___/___ CVV (3 or 4 digit code) _____
Billing Address _____ Billing Zip Code _____

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