



**WISCONSIN
MARITIME
MUSEUM**
AT MANITOWOC

Wisconsin Maritime Museum

ROV Summer Camp 2017 Application Form

Name of student: _____

Age at time of camp: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Email: _____

Best phone contact number: _____

Please choose the weekend you'd like to participate in order of preference by writing 1, 2, or 3 in the blank next to each date. Because space is limited you might not get your first choice. We will inform you which weekend you are registered for.

July 22-23 _____

July 29-30 _____

Aug. 5-6 _____

Camp hours will be 9-4 on Saturday and 12-5 on Sunday.

Saturday lunch, a Sunday snack, and water are provided. Students may bring an additional beverage of their own. **Please let us know of any food allergies your child has by writing them here:**

Please return this form, the signed waiver, and your \$50 payment (check or credit card).

Please make check payable to:

Wisconsin Maritime Museum ROV Summer Camp
Attn: Matt Kadow
75 Maritime Drive
Manitowoc, WI 54220

Or pay by credit card: MasterCard Visa Discover

Credit Card # _____ **Security code** _____

Exp. Date _____ **Signature** _____