USS COBIA FAMILY OVERNIGHT PROGRAM REPLY FORM

Circle Date of Overnight Program you would like to participate in:
Saturday, July 19-20, 2008 Saturday, August 9-10, 2008

Family or Individual (Reservation Name):_____

Contact Name (Must be 18+):_____

Mailing Address:_____

Daytime Phone No:_____Alternate Phone No:_____

Fax:_____Email:_____Cell:_____

Number of Overnight Participants under this Reservation Name: 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 received the USS COBIA Family Overnight Program Guide and that your family/group had read and 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 a check or Credit Card No:
_____Exp._____
Due payable to the Wisconsin Maritime Museum, within 14 days of making your reservation to:

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

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