



**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: _____ Alternate Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Number of Overnight Participants: _____

(You can contact Karen 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 charge for the number indicated above.)

Age Range of 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: _____

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

Date: _____

Please complete the information above and send this form and a check or money order in the amount of \$200.00 (payable to the Wisconsin Maritime Museum) **within 14 days** of making your reservation:

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