



USS COBIA Overnight Education Program

LETTER OF ACKNOWLEDGEMENT

Group Name: _____ Scheduled Overnight Date: _____

This letter is an acknowledgement that the group named above is participating in the USS COBIA Overnight Education Program at the Wisconsin Maritime Museum with the full knowledge and consent of group leaders, participants and legal guardians of participants, with full knowledge of the rules and guidelines for appropriate conduct as listed on the Overnight website. **The adult guardians and/or chaperones of any minors in their charge accept responsibility for the behavior of those in their care and for themselves.**

The signature of the Party Responsible (must be an individual 18+ years of age) is on behalf of all individuals participating in your group. This signature is also a confirmation of how many spots you are confirming for your Overnight in your total group. This form is your chance to lower your count. It must be in at least 45 days before your overnight. **You pay for a minimum of the number of spots reserved at 45 days before the Overnight**, not the final attendance count that you bring, unless that number is higher. There is no option to cancel or change dates within 60 days of the Overnight.

Minimum Number of Participants that you are paying for: _____

Group Leader (signature)

Group Leader (print name)

Date: _____