



**USS COBIA "The Nation's Most Completely Restored WWII Submarine"
Overnight Education Program**

REPLY FORM

(Please keep a copy of this as you filled it out, for your own records as well)

Group: _____ Arrival Date: _____

Group Leader/Contact: _____ Council (GS and BSA groups) _____

Mailing Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Number of Overnight Participants: _____ You must put a specific number here, not leave it blank, nor a range.

Age Range of Youth Participants: _____ - _____

(You may change this number up until 45 days ahead of the Overnight, to do so, you must do so in writing. The number that the Museum has on record at the 45 day before mark is the number your group will be charged for, even if you bring less)

Please sign here to confirm that you understand that you are financially responsible for the number of participants that the Museum has in writing 45 days before your overnight. If you do not sign here and or do not have a specific number in the above participant count, your reservation is invalid. If you do not update your count in writing by the 45 day mark, you are responsible for the participant count listed on this Reply Form. This includes canceling, should you cancel within 45 days of your Overnight, you are still financially responsible for the count on file at the 45 day mark. Should you pass off responsibility for the event to a new point of contact for your group, until the new contact has signed this and returned it to the Museum, you are also still financially responsible for the Overnight at the 45 day mark.

Signature _____ Date _____

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: _____ Date: _____

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

Please complete the information above and send this form and payment in the amount of \$200.00 **within 14 days** of making your reservation to:

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

Or e-mail to Mike at mjohnson@wisconsinmaritime.org if paying by card.

_____ Check (payable to the Wisconsin Maritime Museum)

_____ Credit Card: _____ Exp. ___/___ CVV (3 digits on back) _____

Billing Address: Street: _____ Zip: _____