Camp Daniel 2023 Sibs Fee Schedule

Mail form and check to:
Camp Daniel ♦ W10541 Army Ln ♦ Athelstane, WI 54104

Applicants Name: _____

NOTE: IF CAMP FEE, SNACK SHOP & GIFT SHOP WERE _ALL_ PAID ONLINE WITH CREDIT/DEBIT, THEN _DO NOT_ FILL OUT THIS FEE SCHEDULE.

Camper Fee   **$240**

Processing of application will NOT be complete until we receive:

1. Payment **OR**
2. Letter of Authorization from Agency to provide service, with correct amount to be Invoiced **AND** Pre-Authorization number.

If **Agency/County is paying for camp**, complete the following: *Applicant is responsible to contact Agency/County to obtain a Letter of Authorization.

Name of agency: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Social Worker/Consultant - Name: _____

Phone: _____

Email: _____

Family Discount (Not applicable to CLTS Waiver)   -$40

To qualify for the family discount, 2 or more completed applications from the same family must be accepted.

A **completed application includes**: Medical Form, First Time Camper Portrait, and Fee Schedule Paid-in-Full. (**CLTS Waiver payments do NOT qualify for discount**)
If qualified for discount, a refund will be issued after the completion of the camp season.

Snack Shop ($20-30 recommended) $

Gift Shop ($30-75 recommended) $

                                                                   Total: $

Camp Daniel Administrative Policies
(To view all Camp Daniel's Camp Policies, go to www.campdaniel.org/camper)

- An email confirming acceptance will be sent 30 days prior to the camp session which applicant is accepted. If the applicant cannot be accommodated into a camp this season, a full refund will be issued.
- If the applicant is sent home for medical or disciplinary reason, an emergency contact must be available during the week and is responsible for transportation home within 12 hours of notification.
- No refunds will be issued if sent home for disciplinary reasons. Partial refunds will be issued for medical reasons.
- **Cancelations:** A $75 processing fee will be retained and the balance of the paid camp fee will be returned.

OFFICE USE ONLY:	Payment rec'vd: _____	Paid by: _____
Postmark date: _____	Auth #: _____	Check #: _____