

Camp Daniel 2023/2024 Fee Schedule

Weekend Getaways



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.

Weekend Getaway: (circle)	Holiday Getaway	Man Camp	Girls WKND
Program Fee (per session)	\$165	\$165	\$165
Agency Fee (per session, if Agency/County/IRIS is paying)	\$10	\$45	\$45
Snack Shop (\$20-30 recommended)	\$	\$	\$
Gift Shop (\$30-75 recommended)	\$	\$	\$
Total:	\$	\$	\$

If Agency/County/IRIS is paying for camp, complete the following:

Grand Total: \$ _____

Name of agency: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Case Worker - Name: _____

Phone: _____

Email: _____

Application is NOT complete and will not be processed until we receive:

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

It is the responsibility of the applicant to obtain authorization from the Agency/County/IRIS.

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, minus any credit card fees.
- For cancelations, a \$25 processing fee will be retained and the balance of the paid registration fee will be returned.
- 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.

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