

# Camp Daniel 2024 Fee Schedule

## Weekend Getaways



Mail this 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)	Man Camp	Girls WKND	Spring WG	Holiday WG
<b>Program Fee</b> (per session)	<b>\$165</b>	<b>\$165</b>	<b>\$165</b>	<b>\$165</b>
<b>Agency Fee</b> (per session, if Agency/County/IRIS is paying)	<b>\$45</b>	<b>\$45</b>	<b>\$45</b>	<b>\$45</b>
<b>Snack Shop (\$15-25 recommended)</b>	\$	\$	\$	\$
<b>Gift Shop (\$25-65 recommended)</b>	\$	\$	\$	\$
<small>Note: Paying for Snack/Gift Shop in advance results in a faster check-in time.</small>	<b>Total:</b> \$	\$	\$	\$

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.

\*The Applicant is responsible to contact Agency/County to obtain a Letter of Authorization.

### Camp Daniel Administrative Policies

(To view all Camp Daniel's Camp Policies, go to [www.campdaniel.org/camper](http://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.
- 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 \$25 processing fee will be retained and the balance of the paid registration fee will be returned.

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