Camp Daniel 2024 Fee Schedule



Summer Camp

Mail this form and check to:

Camp Daniel ♦ W10541 Army Ln ♦ Athelstane, WI 54104

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Applicants Name:			
	CK SHOP & GIFT SHOP WERE <u>ALL</u> PAID ONLINE HEN <u>DO NOT</u> FILL OUT THIS FEE SCHEDULE.	E WITH CRE	DIT/DEBIT,
Processing of application will N	OT be complete until we receive:		
 Payment OR Letter of Authorization from Authorization number. 	Agency to provide service, with correct amount to	be Invoiced	AND
*The Applicant is resp	onsible to contact Agency/County to obtain a Lette	er of Authoriz	ation.
Camp Fee (Agency/County Fee is \$460)		\$415	
Snack Shop (\$25-35 recon	nmended)		\$
Gift Shop (\$35-75 recomm	ended)		\$
Note: Paying for Snack/Gift Shop	tickets in advance results in a faster check-in time.	Total:	\$
If Agency/County is paying for o	camp, complete the following:		
Name of agency:			
Billing Address:		_	
City:	State: Zip:	_	
Case Worker/Consultant - Name:			
Phone:			
Email:			-
(To view a	Camp Daniel Administrative Policies Il Camp Daniel's Camp Policies, go to www.campdaniel.org/ca	mper)	
 applicant cannot be accommo If the applicant is sent home for week and is responsible for training 	ce will be sent 30 days prior to the camp session which a dated into a camp this season, a full refund will be issue or medical or disciplinary reason, an emergency contact ansportation home within 12 hours of notification.	d. must be availa	able during the
	nt home for disciplinary reasons. Partial refunds will be is ng fee will be retained and the balance of the paid camp		
OFFICE USE ONLY:	Payment rec'vd: Paid by:		

Postmark date: _

Auth #: _

Check #: