Camp Daniel 2026 Fee Schedule
Summary Camp

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.

Camp Fee	**$460**
"Pay When Apply" Discount (Agency/County/IRIS payments do not qualify)	-$45
Snack Shop ($25-35 recommended)	$
Gift Shop ($35-75 recommended)	$
Note: Paying Camper Pay for Snack/Gift Shop in advance results in a faster check-in time. **Total:**	$

*"Pay When Apply" Discount Terms: Payment must be made online at the time of completing registration OR a check must be postmarked within 7 days of completing online application to qualify for this discount.

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

Name of agency: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Case Worker - Name: _____

Phone: _____

Email: _____

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

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.

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 #: _____