

**Sept. 1**<sup>st</sup> – **May 31**<sup>st</sup> - Administrative Office -2318 6th Street, North Sheboygan, Wisconsin 53083 USA 608-787-8304 Internationally: 001-608-787-8304 June 1<sup>st</sup> – August 31<sup>st</sup> - WeHaKee Camp for Girls -N8104 Barker Lake Road Winter, Wisconsin 54896 USA 608-787-8304 Internationally: 001-608-787-8304

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### 2024 Registration Form

Please submit completed registration form (all 3 pages) with deposit or full payment to WeHaKee Camp for Girls Administrative Office. All forms & remainder of your balance is due no later than 2 weeks prior to arrival at camp. The registration fee of \$500 (which applies to the balance) is required for this registration to be processed.

#### Camper & Family Information - Please print clearly

Camper Legal Name: (First, MI, & Last)		Birthdate:					
Chosen First Name/Nickname. This is the na	ame that will be on th	eir nametag:					
T-Shirt Size: Youth Small Youth Me	edium 🗌 Youth Larg	je 🗌 Small 🗌 Med	ium 🗌 Large 🔲 X-Large 🗌 XX-Large				
Age: (On 9/1/24) Grade: (Fall, 2024)	Camper	E-mail: (Opt)					
Custodial Parent/Legal Guardian Contact: (I	Resides At Same Address W	Vith Camper)					
Street Address:							
			ZIP/Postal Code:				
			Cell Phone:				
Fax Number:							
IMPORTANT! List all parents/guardians w							
Custodial Parent/Legal Guardian 2 Name:		-					
Parent/Guardian 2 Street Address: (Only If Dif	ferent From Camper)						
Parent/Guardian 2 City/State/Country:		Par	ent/Guardian 2 ZIP/Postal Code:				
			· · ·				
Camper's School Name:		_ City:	State:				
Number of Seasons Camper has Attended V	VeHaKee: (Including 202	24)					
Cabin Mate Request: (ONE NAME ONLY! - Cab	in Assignments Are Made	By Age/Grade)					
Session Choice - Check one (session	n fees are listed o	on the Session Wo	rksheet)				
(2A) 2-week session <i>June 17-July 1</i>	(2B) 2-week sessi		(2C) 2-week session July 19-Aug. 2				
(4A) 4-week session <i>June 17-July 17</i>	$\square$ (4B) 4-week session July 3-Aug. 2		$\square$ (6) 6-week session <i>June 17-Aug. 2</i>				
<b>(CIT1-A)</b> 2-week session <i>June 17-July 1</i>	( <b>CIT1-B</b> ) 2-week session <i>July 3-July 17</i>		$\Box$ (CIT1-C) 2-week session July 19-Aug. 2				
CIT2-A) 2-week session June 17-July 1	CIT2-B) 2-week session July 3-July 17		<b>(CIT2-C)</b> 2-week session July 19-Aug. 2				
[] (JC-A) 2-week session June 17-July 1	(JC-B) 2-week session July 3-July 17		(JC-C) 2-week session July 19-Aug. 2				
Optional Items - Check all services	s you wish to add						
Services	-						
Horseback Riding (\$275/2-weeks, \$550/4-weeks, \$825/6-weeks)		Water-Skiing (\$75/2-weeks, \$150/4-weeks, \$225/6-weeks)					
<b>Bedding</b> (\$60/2-weeks, \$85/4-weeks, \$105/6-weeks)		Laundry Service (\$55/2-weeks, \$65/4-weeks, \$85/6-weeks)					
Bus Transportation (\$150/one-way, \$30	00/round-trip)						
Arriving at Camp - On first day of session		Departing from Camp - On last day of session					
<b>FROM</b> Minneapolis, MN Airport (MSP) <b>TO CAMP</b> (\$150)		<b>TO</b> Minneapolis, MN Airport (MSP) <b>FROM CAMP</b> (\$150)					
<b>FROM</b> <i>River Forest, IL</i> <b>TO CAMP</b> (\$150)		<b>TO</b> River Forest, IL <b>FROM CAMP</b> (\$150)					
<b>FROM</b> Wilmette, IL <b>TO CAMP</b> (\$150)		🗌 TO Wilmette, IL I	<b>TO</b> Wilmette, IL <b>FROM CAMP</b> (\$150)				
FROM Milwaukee, WI TO CAMP (\$150)		<b>TO</b> Milwaukee, WI <b>FROM CAMP</b> (\$150)					
FROM Madison/DeForest, WI TO CAMP (\$150)		<b>TO</b> Madison/DeForest, WI <b>FROM CAMP</b> (\$150)					



## 2024 Registration Form Continued

Payment & Agreement Information - Complete Session Fee Worksheet. Minimum \$500 deposit required.						
Payment Amount: \$ Paym	nent Method:	ACH Bank Transfe	r (Preferred!) 🗌 Credit Card			
ACH Information: Name on Account:		Checking	Savings			
Routing Number:	Account	Number:				
Credit Card Information: Visa MasterCar	d 🗌 Discover	American Expres	SS			
Card Number:	Exp. Date:	Name on Card	l:			
Billing Address: (If Different Than Address Above)						

Please indicate your agreement by initialing the box before each of the 3 sections below:

LEGAL CUSTODIAL INFORMATION: I confirm that I am the parent/legal guardian of the child listed on this registration form and as such have legal custody of said child. I also confirm that all of the legally recognized custodial parents/guardians of the above listed child, have been notified that this child will be attending WeHaKee Camp for Girls and have provided their approval for this child to attend WeHaKee Camp for Girls.

**CAMPER ESSENTIAL FUNCTIONS ACKNOWLEDGEMENT:** I acknowledge the following essential functions of a camper at Camp WeHaKee: Camp WeHaKee is open to all regardless of race, nationality, religious affiliation, sexual orientation, and disability. It is our desire to partner with parents prior to enrollment to determine if our camp program meets the specific developmental needs for their child. As an organization designed for the support and advancement of girls and young women, WeHaKee welcomes those who live and identify as female regardless of the gender assigned to them at birth and those assigned female at birth who identify as non-binary or gender non-conforming. Camp WeHaKee is not designed as a therapeutic program and therefore is not an appropriate choice for children or youth dealing with significant behavioral, emotional, psychological, or rehabilitation issues. WeHaKee is unable to provide a one-on-one specialist for any child. Safe participation at Camp WeHaKee does require certain physical, mental, emotional, and social health. In order to attend WeHaKee Camp for Girls, participants should be able to meet the following essential functions:

- Be in good mental, emotional, and social health in order to function in a group setting in a positive and cooperative manner.
- Have the emotional ability to handle the sleep-away-from-home aspects of the camp program.
- Move independently from place to place, sometimes in strenuous terrain.
- Meet personal needs (bathing, toileting, dressing, diet management, etc.) and use effective and appropriate self-care practices for maintaining overall wellness.
- Manage personal health or chronic illnesses.
- Ability to recognize and consider the needs of others in daily interactions and decision-making.
- Ability to follow verbal instructions.

PAYMENT & CANCELLATION POLICY: I agree that I am responsible for all fees related to this registration. I agree to notify Camp WeHaKee immediately of any cancellations and that if I fail to do so, I will be responsible for all fees related to this registration. If I notify Camp WeHaKee of a cancellation before March 1st, a refund of all fees paid (except the deposit) will be issued. After April 1st, Camp WeHaKee will retain all fees related to this registration. Cancellations due to illness/injury prior to this camper's arrival will be reviewed by the directors to determine if a refund is appropriate. I have read, understand and agree to all terms in the Camp WeHaKee Cancellation & Refund Policy found in the WeHaKee Camp Guide and/or website. I understand that the deposit of \$500 is applied to the program fee and that the deposit is non-refundable. I understand that the balance of all fees must be paid (or arrangements made with the directors) at least 2 weeks prior to arrival.

PAYMENT PROCEDURE: Please, all payments must be in US dollars (USD) only.

**DEPOSIT:** Please submit a minimum \$500 deposit with the registration form.

BALANCE PAYMENTS: Please pay the remainder of balance due at least 14 days prior to arrival.

Signature:

\_\_\_\_ Date: \_\_

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#### **Registration Fee Information**

Your \$500 deposit is applied to the program fee and is not an additional fee. Included in the registration fee is an overall staff/camper ratio of 1:4; choice of nearly all activities including aquatic activities on beautiful waterfront and in heated pool; accommodations in bright, roomy, and comfortable cabins with minimum of two staff and up to eight campers; three daily meals served buffet style in beautiful log dining hall; daily afternoon snack and beverage; and several special events and campfires!

#### **Other Information**

How did you hear about WeHaKee? 🔲 I'm A Returning Camper	🗌 Alumni	Referral From A Friend
🗌 Online Search (Google, Bing, etc.)	_ 🗌 Social Media	a (Please Specify Platform)
Other Website (Please Specify)	Camp Fair	🗌 Open House
Print Media (Please Specify)	Other: (Pleas	se Specify)
Please list names role (Camper/Staff) and years attended of other f	amily mombors	who are MeHaKee Alumni:

Please list names, role (Camper/Staff), and years attended of other family members who are WeHaKee Alumni:

Additional Information / Referral Code: \_



# 2024 WeHakee Session Fee Worksheet 3 of 3

CAMP FOR GIRLS	Full Fee	Ultimate Early-Bird Discount (thru Oct. 31) Or First-Timer Discount (after Oct. 31)			Fee Worksl Calculate yo total camp exp	our	
Two Week Sessions - Campers Ages 7-18							
Session 2A June 17-July 1							
Session 2B July 3-July 17	\$3,475	\$3,225					
Session 2C July 19-Aug. 2							
Four Week Sessions - Campers Ages 7-18							
Session 4A June 17-July 17	\$6,175		\$ 5,6	675			
Session 4B July 3-Aug. 2			\$ 3,075				
Six Week Sessions - Campers Ages 7-18							
	Session 6 June 17-Aug. 2         \$8,800         \$8,050						
WeHaKee Leadership Academy - Campers A			my Applico	ition in add	ition to Reg	pistration	
Counselor-In-Training 1 - Campers Age 15 or co	mpleted 9 <sup>th</sup> grade by Summer,	2024					
CIT1-A June 17-July 1							
CIT1-B July 3-July 17	\$3,475	\$3,225					
CIT1-C July 19-Aug. 2							
Counselor-In-Training 2 / Program Assistant -	Campers Age 16 or completed 1	10 <sup>th</sup> grade by	Summer, 20	024			
CIT2-A June 17-July 1							
CIT2-B July 3-July 17	\$3,475		\$3,225				
CIT2-C July 19-Aug. 2							
Junior Counselor - Campers Age 17 or complete	d 11th grade by Summer, 2024						
JC-A June 17-July 1							
JC-B July 3-July 17	\$3,475	\$3,225					
JC-C July 19-Aug. 2							
		Total	Amount	of Registra	tion Fees		Box 1
Discounts							
Session		Discount	# of A	dditional S	Sibling	Total Discou	unts
2-Week Session Discount Per Additional Siblin	ng	\$200 Off	x			=	
4-Week Session Discount Per Additional Sibling		\$300 Off	x			=	
6-Week Session Discount Per Additional Sibling		\$400 Off	x			=	
2-Week Session All Cash Discount*		\$100 Off					
4-Week Session All Cash Discount*	4-Week Session All Cash Discount*						
6-Week Session All Cash Discount*		\$250 Off					
Receive when Registration Fee & all other fees & payments related to this registration are paid via ACH (bank transfer) payment.		Total Amount of Discounts				Box 2	
Discount WILL NOT apply if any related fees (options, store account, e	, <u>1</u>			( ) D 0/			Box 3
	nount of Registration Fees	Minus Disc		1			DOX 3
Optional Items			2-Weeks	4-Weeks			
	forseback Riding: Instruction & riding time		\$275	\$550	\$825		
Water-Skiing: Instruction & skiing time		h alad	\$75	\$150	\$225		
Bedding: Sleeping bag/blanket, pillow, pillow case, sheets, towel, beach towel, & wash cloth		n cloth	\$60	\$85 ¢CE	\$105		
Laundry: Optional laundry service is available & is provided on a weekly basis		\$55	\$65	\$85			
BUS <b>FROM</b> River Forest, Wilmette, Milwaukee, OR Madison/DeForest <b>TO</b> CAMP		\$150					
BUS <b>TO</b> River Forest, Wilmette, Milwaukee, OR Madison/DeForest <b>FROM</b> CAMP		\$150					
BUS <b>FROM</b> Minneapolis Airport (MSP) <b>TO</b> CAMP		\$150					
BUS <b>TO</b> Minneapolis Airport (MSP) <b>FROM</b> CAMP			\$150 I				
Trading Post Account Recommended Deposits: For items such as WeHaKee Wear & other souvenirs. Additional money can be deposited into account at time of registration and/or later on.		\$125	\$150	\$195		Box 4	
Total Optional Item Fees/Expenses					Box 4		
Total Fees (Add Boxes 3 and 4 to get the Amount of Your Total Fees) Payment Included with this Registration (Minimum \$500 Denosit Required)					Box 6		
Payment Included with this Registration (Minimum \$500 Deposit Required) Total Balance Remaining (Subtract Box 6 from Box 5 to get Your Total Remaining Balance)					DOX 0		
		D = -		1.0	·		Box 7