

Camp Fees

Please Read Carefully!

Camper's Name: _____

Sheboygan County Residents	Non-Residents
\$200.00/week	\$300.00/week

*****Note: LLWA scholarships are not available this year*****

- I am enclosing a check in the amount of \$200 (\$300 non-residents) for each of the week/s selected.
- I would like to help off-set the actual cost of attendance (in excess of \$700.00 per camper per week) and I have enclosed an additional payment in the amount of \$_____. Thank you!
- Please invoice:
- Family/Community Care
 - IRIS/iLife
 - SCHHS (CCOP or Children's Waivers)
 - Other: _____

***Information below must be completed before application will be processed. Applications with missing information will be returned.**

Authorizations must accompany application.

Case Manager: _____

Phone: _____ Email: _____

Account #: _____ Authorization #: _____

Medicaid ID#: _____

Dates of Authorization/Service: From: _____ To: _____

From: _____ To: _____

Description: _____

Procedure Code: _____ Modifier: _____

Please make checks payable to Camp Evergreen

**Camp Evergreen Corporation
2776 N. 31st Place
Sheboygan, WI 53083**