

Camp Fees

This form must be completed prior to admittance to camp. No exceptions!

Camper's Name: _____

Sheboygan County Residents	Non-Residents
\$250.00/week	\$350.00/week

Private Pay

- I am enclosing a check in the amount of \$250 (\$350 non-residents) for each of the weeks authorized.
- I would like to help off-set the actual cost of attendance (more than \$700.00 per camper, per week) and I have enclosed an additional payment in the amount of \$_____. Thank you!

Please make checks payable to Camp Evergreen

Refunds will be issued in the event of non-attendance.



If you are private paying, stop here



Alternative Funding Source

All information below must be completed, and an authorization must be on file before admittance to camp.

Case Manager: _____

Phone: _____ Email: _____

- Contact your case manager for an authorization.
- Authorizations can span a period that covers our entire summer camp season (June 6th through August 12th). I will only invoice for the number of days authorized and attended.
- Thank you for helping me expedite the invoicing process. Questions? Give me a call at (920) 254-6234.