



Sept. 1st – May 31st
 - Administrative Office -
 2318 6th Street, North
 Sheboygan, Wisconsin 53083 USA
 608-787-8304
 Internationally: 001-608-787-8304

June 1st – August 31st
 - WeHaKee Camp for Girls -
 N8104 Barker Lake Road
 Winter, Wisconsin 54896 USA
 608-787-8304
 Internationally: 001-608-787-8304

2025 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 name that will be on their nametag: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Small Medium Large X-Large XX-Large

Age: (On 9/1/25) _____ Grade: (Fall, 2025) _____ Camper E-mail: (Opt) _____

Custodial Parent/Legal Guardian Contact: (Resides At Same Address With Camper) _____

Street Address: _____

City: _____ State: _____ Country: _____ ZIP/Postal Code: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Fax Number: _____ E-mail Address: _____

IMPORTANT! List all parents/guardians who have legally recognized custody of the child listed above.

Custodial Parent/Legal Guardian 2 Name: _____

Parent/Guardian 2 Street Address: (Only If Different From Camper) _____

Parent/Guardian 2 City/State/Country: _____ Parent/Guardian 2 ZIP/Postal Code: _____

Parent 1 Profession: _____ Parent 2 Profession: _____

Camper's School Name: _____ City: _____ State: _____

Number of Seasons Camper has Attended WeHaKee: (Including 2024) _____

Cabin Mate Request: (**ONE NAME ONLY!** - Cabin Assignments Are Made By Age/Grade) _____

Session Choice - Check one (session fees are listed on the Session Worksheet)

- | | | |
|--|---|---|
| <input type="checkbox"/> (2A) 2-week session June 16-June 30 | <input type="checkbox"/> (2B) 2-week session July 2-July 16 | <input type="checkbox"/> (2C) 2-week session July 18-Aug. 1 |
| <input type="checkbox"/> (4A) 4-week session June 16-July 16 | <input type="checkbox"/> (4B) 4-week session July 2-Aug. 1 | <input type="checkbox"/> (6) 6-week session June 16-Aug. 1 |
| <input type="checkbox"/> (CIT1-A) 2-week session June 16-June 30 | <input type="checkbox"/> (CIT1-B) 2-week session July 2-July 16 | <input type="checkbox"/> (CIT1-C) 2-week session July 18-Aug. 1 |
| <input type="checkbox"/> (CIT2-A) 2-week session June 16-June 30 | <input type="checkbox"/> (CIT2-B) 2-week session July 2-July 16 | <input type="checkbox"/> (CIT2-C) 2-week session July 18-Aug. 1 |
| <input type="checkbox"/> (JC-A) 2-week session June 16-June 30 | <input type="checkbox"/> (JC-B) 2-week session July 2-July 16 | <input type="checkbox"/> (JC-C) 2-week session July 18-Aug. 1 |

Optional Items - Check all services you wish to add

Services

- | | |
|--|--|
| <input type="checkbox"/> Horseback Riding (\$275/2-weeks, \$550/4-weeks, \$825/6-weeks) | <input type="checkbox"/> Water-Skiing (\$75/2-weeks, \$150/4-weeks, \$225/6-weeks) |
| <input type="checkbox"/> Bedding (\$60/2-weeks, \$85/4-weeks, \$105/6-weeks) | <input type="checkbox"/> Laundry Service (\$55/2-weeks, \$65/4-weeks, \$85/6-weeks) |

Bus Transportation (\$150/one-way, \$300/round-trip)

Arriving at Camp - On first day of session

- FROM Minneapolis, MN Airport (MSP) TO CAMP** (\$150)
- FROM River Forest, IL TO CAMP** (\$150)
- FROM Wilmette, IL TO CAMP** (\$150)
- FROM Milwaukee, WI TO CAMP** (\$150)
- FROM Madison/DeForest, WI TO CAMP** (\$150)

Departing from Camp - On last day of session

- TO Minneapolis, MN Airport (MSP) FROM CAMP** (\$150)
- TO River Forest, IL FROM CAMP** (\$150)
- TO Wilmette, IL FROM CAMP** (\$150)
- TO Milwaukee, WI FROM CAMP** (\$150)
- TO Madison/DeForest, WI FROM CAMP** (\$150)



2025 Registration Form Continued

Payment & Agreement Information - Complete Session Fee Worksheet. Minimum \$500 deposit required.

Payment Amount: \$ _____ Payment Method: ACH Bank Transfer (Preferred!) Credit Card

ACH Information: Name on Account: _____ Checking Savings

Routing Number: _____ Account Number: _____

Credit Card Information: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ Name on Card: _____

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 understand that after my payment of the \$500 deposit is collected at the time of registration, equal portions of my balance due will be automatically charged on November 15th, January 15th, and March 15th. The remaining balance will be automatically charged on May 15th. I understand that if I wish to make alternative payment arrangements, I must contact Camp WeHaKee before the first auto payment. 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: _____

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 (Please Specify Platform) _____

Other Website (Please Specify) _____ Camp Fair Open House

Print Media (Please Specify) _____ Other: (Please Specify) _____

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

Additional Information / Referral Code: _____



2025 WeHaKee Session Fee Worksheet

	Full Fee	Ultimate Early-Bird Discount (thru Nov. 1) Or First-Timer Discount (after Nov. 1)	Fee Worksheet Calculate your total camp expenses.
Two Week Sessions - Campers Ages 7-18			
Session 2A June 16-June 30	\$3,475	\$2,975	
Session 2B July 2-July 16			
Session 2C July 18-Aug. 1			
Four Week Sessions - Campers Ages 7-18			
Session 4A June 16-July 16	\$6,175	\$ 5,675	
Session 4B July 2-Aug. 1			
Six Week Sessions - Campers Ages 7-18			
Session 6 June 16-Aug. 1	\$8,800	\$8,300	
WeHaKee Leadership Academy - Campers Ages 15-18; Must complete Leadership Academy Application in addition to Registration			
Counselor-In-Training 1 - Campers Age 15 or completed 9th grade by Summer, 2024			
CIT1-A June 16-June 30	\$3,475	\$2,975	
CIT1-B July 2-July 16			
CIT1-C July 18-Aug. 1			
Counselor-In-Training 2 / Program Assistant - Campers Age 16 or completed 10th grade by Summer, 2024			
CIT2-A June 16-June 30	\$3,475	\$2,975	
CIT2-B July 2-July 16			
CIT2-C July 18-Aug. 1			
Junior Counselor - Campers Age 17 or completed 11th grade by Summer, 2024			
JC-A June 16-June 30	\$3,475	\$2,975	
JC-B July 2-July 16			
JC-C July 18-Aug. 1			
Total Amount of Registration Fees			Box 1
Discounts			
Session	Discount	# of Additional Sibling	Total Discounts
2-Week Session Discount Per Additional Sibling	\$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*	\$180 Off		
6-Week Session All Cash Discount*	\$250 Off		
Total Amount of Discounts			Box 2
Total Amount of Registration Fees Minus Discounts (Subtract Box 2 from Box 1)			Box 3
Optional Items			
	2-Weeks	4-Weeks	6-Weeks
Horseback Riding: Instruction & riding time	\$275	\$550	\$825
Water-Skiing: Instruction & skiing time	\$75	\$150	\$225
Bedding: Sleeping bag/blanket, pillow, pillow case, sheets, towel, beach towel, & wash cloth	\$60	\$85	\$105
Laundry: Optional laundry service is available & is provided on a weekly basis	\$55	\$65	\$85
BUS FROM River Forest, Wilmette, Milwaukee, OR Madison/DeForest TO CAMP		\$150	
BUS TO River Forest, Wilmette, Milwaukee, OR Madison/DeForest FROM CAMP		\$150	
BUS FROM Minneapolis Airport (MSP) TO CAMP		\$150	
BUS TO Minneapolis Airport (MSP) FROM CAMP		\$150	
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
Total Optional Item Fees/Expenses			Box 4
Total Fees (Add Boxes 3 and 4 to get the Amount of Your Total Fees)			Box 5
Payment Included with this Registration (Minimum \$500 Deposit Required)			Box 6
Total Balance Remaining (Subtract Box 6 from Box 5 to get Your Total Remaining Balance)			Box 7