



WeHaKee Connections Update

Keeping the Relationships Growing!

ENTER TO WIN A 32GB IPOD TOUCH by helping us stay connected with you and all of our WeHaKee Alumni & Friends. Please return this completed form by May 31st, 2011 to: Camp WeHaKee Administrative Office, 715 28th St. S., La Crosse WI 54601 or Fax to 608.787.8257. (If you prefer, you may complete this WeHaKee Connections Update online at www.surveymonkey.com/s/TVLFWFH). You must be 18 or older to enter. You must provide an active email address as winners will be notified via email. All information collected is for Camp WeHaKee use only and is never shared or sold. Thanks for your help!

First Name: _____ Last Name: _____ Maiden Name: _____
 Permanent Address: _____
 City: _____ State: _____ Postal Code: _____ Country: _____
 Phone Number: _____ Email: _____

YOUR RELATIONSHIP WITH WEHAKEE (Please check all that apply):

<input type="checkbox"/> Camper <i>(Please list what years you attended)</i> _____	<input type="checkbox"/> Staff/Volunteer <i>(Please list what years you attended)</i> _____
<input type="checkbox"/> Parent <i>(Please list what years involved)</i> _____	<input type="checkbox"/> Friend <i>(Please in what years connected)</i> _____
<input type="checkbox"/> Dominican Sister <i>(Please list what years involved)</i> _____	<input type="checkbox"/> Other <i>(Please specify & list what years)</i> _____

Please share a favorite or memorable experience related to Camp WeHaKee:

I am interested in learning more about volunteer opportunities for WeHaKee's upcoming 90th Anniversary events in 2013. I am interested in more information about the 2011 Reunion Weekend at Camp WeHaKee, September 3rd-5th.

CONNECT US WITH OTHER WEHAKEE ALUMNI & FRIENDS (Please share what contact information you have. Parents of adult daughters, please share their current information. Thank you!):

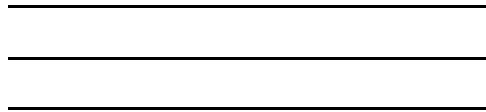
First Name: _____ Last Name: _____ Maiden Name: _____
 Address/City/State/ZIP: _____
 Phone Number: _____ Email: _____

First Name: _____ Last Name: _____ Maiden Name: _____
 Address/City/State/ZIP: _____
 Phone Number: _____ Email: _____

First Name: _____ Last Name: _____ Maiden Name: _____
 Address/City/State/ZIP: _____
 Phone Number: _____ Email: _____

Please fold ends inward and tape before mailing - Thank you!

Please fold & tape here before mailing - Thank you!



Please Affix
1st Class
Letter
Postage
Here

WeHaKee Camp for Girls
Administrative Office
715 - 28th Street, South
La Crosse WI 54601

Please fold & tape here before mailing - Thank you!