

Sept. 1st - May 31st

- Administrative Office -

715 28th Street, South La Crosse, Wisconsin 54601 USA 1-800-582-2267 FAX 1-608-787-8257 Internationally: 001-608-787-8304

June 1st - August 31st - WeHaKee Camp for Girls -N8104 Barker Lake Road Winter, Wisconsin 54896 USA 1-800-582-2267 FAX 1-715-266-2267 Internationally: 001-715-266-3263

Get Acquainted! Form

Please complete and return this form to the WeHaKee Camp for Girls Administrative Office no later than May 1st. The information collected on this form is for WeHaKee Camp for Girls use only and will not be shared beyond camp without your prior consent.

Ca	mper Name:	_Age:	Birthdate:	
Ca	mp Arrival Date: Number of Summers She has	s Attende	d WeHaKee (including this su	mmer):
	is information about your daughter will assist us and ou her WeHaKee experience! (Use back of form or attach s			nd prepare
1.	Please tell us why your daughter wishes to attend WeHaKee Camp	for Girls.		
2.	Has she attended any other camps? If YES, where and what type of	f camp (do	ay, overnight, etc.)?	
3.	What does your daughter most enjoy doing?			
4.	What is your daughter most looking forward to at WeHaKee?			
5.	What, if anything, is she anxious or concerned about regarding he	er camp ex	xperience?	
6.	What does your daughter enjoy about school (classes, activities, te	achers, etc	c.)?	
7.	Tell us some things that your family enjoys doing together.			
8.	Has your daughter experienced any significant challenges since th	ne onset of	the COVID-19 pandemic?	
9.	Is there anything else you would like us to know about your daugh	nter?		
10.	How has your family managed life since the onset of the COVID-1	9 pandem	nic?	
11.	What do you hope for her in sending your daughter to WeHaKee C	Camp for (Girls?	