



**CAMP AMERICAN LEGION**  
8529 County Road D  
Lake Tomahawk, WI 54539  
caloffice@wilegion.org  
www.campamericanlegion.org  
715-277-2510

## 2022 APPLICATION FOR RESERVATION REQUEST

### PERSONAL/CONTACT INFORMATION:

NAME: \_\_\_\_\_ DOB: \_\_\_ - \_\_\_ - \_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Are you a member of The Wisconsin American Legion? Yes: \_\_\_ No: \_\_\_ District: \_\_\_ Post #: \_\_\_\_\_

Have you stayed at Camp American Legion previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how many years have you attended camp? \_\_\_\_\_

How did you hear about Camp American Legion? \_\_\_\_\_

### ELIGIBILITY – CRITERIA – STATUS – PLEASE CHECK APPROPRIATE STATUS:

*NOTE: All applicants MUST be Current Wisconsin Residents.*

Please check one:

\_\_\_ HONORABLY DISCHARGED VETERAN

DATES OF SERVICE: \_\_\_\_\_ TO \_\_\_\_\_

MILITARY BRANCH OF SERVICE: \_\_\_\_\_ ACTIVE: \_\_\_ RESERVE: \_\_\_ NG: \_\_\_

\_\_\_ CURRENTLY SERVING MILITARY

DATE ENTERED: \_\_\_\_\_

MILITARY BRANCH OF SERVICE: \_\_\_\_\_ ACTIVE: \_\_\_ RESERVE: \_\_\_ NG: \_\_\_

*Please provide a copy of your DD214, American Legion Membership Card or VA ID Card, and proof of current Wisconsin residency.*

**RESERVATION REQUEST:**

**Please check one.**

**OPEN WEEK:**

- May 31 to June 3
- June 6 to June 10 *Women’s Veterans Week*
- June 13 to June 17 *Vietnam and Korean War Veterans Week*
- June 20 to June 24 *Families of the Fallen*
- June 27 to July 1
- July 5 to July 8
- July 11 to July 16
- July 18 to July 23
- July 25 to July 30
- August 8 to August 12 *National Guard Families and General Applications*
- August 15 to August 19 *Vietnam and Korean War Veterans Week*
- August 22 to August 26
- August 29 to September 2 *Couples Focus Week*
- September 12 to September 17 *Legion Riders Fall Ride*
- October 1 to October 2 *Independent Fall Colors Tour*

*Please note, after your application has been processed you will receive a “Welcome Letter” detailing check-in and check-out times and dates.*

Eligibility is extended to applicant’s immediate family only; to include spouse and legal dependent children. Please list family members you wish to include, as well as ages of the children.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_ - \_\_\_ - \_\_\_ Gender: \_\_\_\_\_ Veteran: \_\_\_\_\_

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Please list any family (medical / food allergies) information we should be aware of:

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Do you use a: Wheelchair \_\_\_\_\_ Scooter \_\_\_\_\_ Walker \_\_\_\_\_ Cane \_\_\_\_\_ Service Dog \_\_\_\_\_

Can you navigate a flight of stairs? Yes \_\_\_\_\_ No \_\_\_\_\_

*Camp does not provide any medical/mobility equipment, but you may bring your own. If you have a service dog, you will be required to fill out additional paperwork before your arrival.*

**Do you need a caregiver? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**If yes, please fill out the caregiver's information below.**

*Caregiver must be at least 18 years old, able to physically provide necessary care, and will be staying in the same cabin as the veteran.*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Is the caregiver a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the caregiver a member of The Wisconsin American Legion Family? Yes: \_\_\_ No: \_\_\_

**STATEMENT OF APPLICANT:**

I understand that I and my family will be exposed to risks of nature and elements over which neither Camp American Legion nor its employees have any control. I will accept all responsibility for any injury incurred while attending Camp; participating in any Camp activity, including travel in Camp vehicles and boats.

I certify that if I incur any expenses for medication, hospitalization, or any other reason while I am at Camp, I will be responsible for such expenses.

I assume responsibility for the loss of, or damage to, my personal effects while at Camp. I will furnish my own transportation to and from Camp.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Submit completed application along with a copy of one of the following; DD214, VA ID, and proof of Wisconsin Residency to:*

caloffice@wilegion.org

or

Camp American Legion

8529 County Road D West

Lake Tomahawk WI 54539-9753