



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: _____ AGE: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

Are you a member of The Wisconsin American Legion Family? Yes: ___ No: ___

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? _____

NOTE: All applicants MUST be Current Wisconsin Residents.

FAMILY OF THE FALLEN:

SERVICE MEMBER'S NAME: _____

MILITARY BRANCH OF SERVICE: _____

FALLEN DATE: _____

Please provide proof of current Wisconsin residency.

RESERVATION REQUEST:

Please check one for main lodge camp or list dates below for Family of the Fallen cabin 22.

OPEN WEEK:

- ___ May 31 to June 3
- ___ 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 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*

Aside from the main camp schedule, Cabin 22 is available to request one week at a time throughout the entire year. Check in is Monday afternoon and check out is Sunday. Please list your top three date choices below you would like the cabin for.

1. ___-___-___ to ___-___-___
2. ___-___-___ to ___-___-___
3. ___-___-___ to ___-___-___

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:

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.com

or

Camp American Legion

8529 County Road D West

Lake Tomahawk WI 54539-9753