



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

## 2023 SUMMER APPLICATION

### 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, what 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.*

**First priority goes to campers that have never stayed at Camp American Legion.  
Please have applications turned into the office by January 1<sup>st</sup>, 2023.**

**RESERVATION REQUEST:**

**Please select top three.**

**OPEN WEEK:**

- May 30 to June 2
- June 12 to June 16 *Vietnam and Korean War Veterans Week*
- June 19 to June 23 *Women Veterans Week*
- June 26 to June 30
- July 5 to July 8
- July 10 to July 14
- July 17 to July 21
- July 24 to July

- August 14 to August 18 *Vietnam and Korean War Veterans Week*
- August 21 to August 25 *Hearing and Vision Impaired Program*
- August 28 to September 1 *Couples Focus Week*
- September 11 to September 16 *Legion Riders Fall Ride*
- September 30 to October 1 *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. We apologize but we do not have space for grandchildren, nieces, nephews, friends, etc. Please list your spouse and children below.

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

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

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

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

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

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

Please list any family (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.*

**First priority goes to campers that have never stayed at Camp American Legion.  
Please have applications turned into the office by January 1<sup>st</sup>, 2023.**

**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 (block out SSN), 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

**First priority goes to campers that have never stayed at Camp American Legion.  
Please have applications turned into the office by January 1<sup>st</sup>, 2023.**