



## CAMP AMERICAN LEGION

8529 County Road D  
Lake Tomahawk, WI 54539  
[caloffice@wilegion.org](mailto:caloffice@wilegion.org)  
[www.campamericanlegion.org](http://www.campamericanlegion.org)  
715-277-2510

## SUMMER APPLICATION 2026

### PERSONAL/CONTACT INFORMATION:

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

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

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

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

I prefer to have communications sent via:  email  postal service (By checking this box I understand the delivery time will be longer than email)\*

I am a member of The Wisconsin American Legion?  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 – No Exceptions.*

Please check one:

HONORABLY DISCHARGED VETERAN

CURRENTLY SERVING MILITARY

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

MILITARY BRANCH OF SERVICE: \_\_\_\_\_

ACTIVE:  RESERVE:  NATIONAL GUARD:

**First priority goes to campers who have never stayed at Camp American Legion.  
Please have applications turned into the office by January 1<sup>st</sup>, 2026.**

**Please select your top three choices from the options below (label 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>).**

**NOTE: Veterans may only attend Camp American Legion one time per season.**

- May 26 to May 29 *Veteran and Family Week*
- June 15 to June 19 *Women Veterans' Week (Female veterans only-no spouses or children)*
- June 22 to June 26 *Veteran and Family Week*
- June 29 to July 2 *Veteran and Family Week*
- July 6 to July 10 *Veteran and Family Week*
- July 13 to July 17 *Veteran and Family Week*
- July 20 to July 24 *Veteran and Family Week*
- August 3 to August 7 *Veteran and Family Week*
- August 10 to August 14 *Vietnam & Korean War Veterans' Week (Must have served during this era)*
- August 17 to August 21 *Veteran and Family Week*
- August 24 to August 28 *Couples Focus Week (Couples Only-no children)*
- September 8 to 13 *Veteran and Family Week*
- September 28 to October 2 *Veteran and Family Week*

***Please note, after all applications are reviewed in January, applicants will receive an email or letter regarding their approval or denial status. Applicants that are accepted will receive a "Welcome Letter" detailing check-in and check-out times and the process.***

Eligibility is extended to applicant's spouse/partner, legal dependent children 18 yrs. of age and under, and medically necessary caregivers only. We apologize but we do not have space for grandchildren, nieces, nephews, friends, etc. Please list your spouse and children who will attend below.

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

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Please list any pertinent medical information (ex: food allergies, Dementia, Alzheimer's, oxygen use) we should be aware of and which guest it pertains to. While we try to provide alternative menu items you may need to provide substitutions for food allergies or dietary preference.

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*Camp does not provide any medical/mobility equipment, but you may bring your own. If you utilize a service dog, you will be required to have your veterinarian fill out an additional application and submit the information at least two weeks prior to your visit.*

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

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

**Do you need a medical caregiver? Yes  No**

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

**If yes:**

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? Yes  No

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

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

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

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

**STATEMENT OF APPLICANT:**

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

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

I assume all responsibility for the loss of or damage to my personal effects while at Camp. I am responsible for my own transportation to and from Camp in a timely manner.

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

*Applicants must submit a completed application along with a copy of the following each year:*

- *DD214 (block out SSN) ~or~ VA ID*
- *AND*
- *Proof of Wisconsin Residency (valid drivers license, WI ID or utility bill with current address)*

**Submit to:**  
**caloffice@wilegion.org**  
**or**

**Camp American Legion 8529**  
**County Road D West**  
**Lake Tomahawk WI 54539-9753**

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**Office Use:**

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Staff Initials: \_\_\_\_\_