



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

## 2024 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 #: \_\_\_\_\_  
I would like more information on the benefits and programs of the WI American Legion

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

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

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

CURRENTLY SERVING MILITARY

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

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

**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>, 2024.**

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

- \_\_\_\_\_ May 28 to May 31 *Veteran and Family Week*
- \_\_\_\_\_ June 3 to June 7 *Veteran and Family Week*
- \_\_\_\_\_ June 10 to June 14 *Veteran and Family Week*
- \_\_\_\_\_ June 17 to June 21 *Women Veterans Week*
- \_\_\_\_\_ June 24 to June 28 *Veteran and Family Week*
- \_\_\_\_\_ July 8 to July 12 *Veteran and Family Week*
- \_\_\_\_\_ July 15 to July 19 *Veteran and Family Week*
- \_\_\_\_\_ July 22 to July 26 *Veteran and Family Week*
- \_\_\_\_\_ August 5 to August 9 *Veteran and Family Week*
- \_\_\_\_\_ August 12 to August 16 *Vietnam & Korean War Veteran Week* (must have served during these eras)
- \_\_\_\_\_ August 26 to August 30 *Couples Focus Week*
- \_\_\_\_\_ September 3 to September 6 *Veteran and Family Week*

Please note, after applications are reviewed in January you will receive an email or letter regarding your approval or denial status. Applicants that are accepted will receive "Welcome Letter" detailing check-in and check-out times and dates.

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 in order to best serve our WI Veterans, 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 we should be aware of and which guest it pertains to (ex:food allergies, Dementia, Alzheimer's,seizures, oxygen use, mobility issues). While we try to provide alternative menu items, you may need to provide substitutions for food allergies and dietary preferences. All cabins have mini refrigerator.

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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 Family? 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 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: \_\_\_\_\_

***Applicants must submit completed application along with a copy of one of the following; DD214 (block out SSN), VA ID, and proof of Wisconsin Residency each year 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: \_\_\_\_\_ Accepted  Staff Initials: \_\_\_\_\_ Cabin Used: \_\_\_\_\_