



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

## 2024 LEGION RIDERS 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? \_\_\_\_\_

*NOTE: All applicants MUST be Current Wisconsin Residents and Legion Rider Members*

### **ARE YOU A VETERAN? PLEASE SHARE YOUR INFORMATION WITH US BELOW:**

\_\_\_ 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: \_\_\_

Additional Guest/Spouse: \_\_\_\_\_

Please list any family members with food allergies or important medical 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.*

**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 and utilizing Camp equipment.

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: \_\_\_\_\_

***Submit completed application along with a copy of American Legion Riders Membership and proof of Wisconsin Residency each year to:***

caloffice@wilegion.org  
or  
Camp American Legion  
8529 County Road D  
Lake Tomahawk WI 54539-9753