CAMP AMERICAN LEGION

8529 County Road D
Lake Tomahawk, WI 54539
caloffice@wilegion.org
715-277-2510

LEGION RIDERS APPLICATION ★ SEPTEMBER 14-20, 2026

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-NO Exceptions

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

☐HONORABLY DISCHARGED VETERAN ☐CURRENTLY SERVING MILITARY

DATES OF SERVICE: _____ TO _____

MILITARY BRANCH OF SERVICE: _____ ACTIVE:☐ RESERVE: ☐ NG: ☐

Additional Guest/Spouse: _____

Intended check-in and check-out dates:

14th☐ 15th☐ 16th☐ 17th☐ 18th☐ 19th☐ 20th☐

Do you use a: Wheelchair ☐ Scooter ☐ Walker ☐ Cane ☐ Service Dog ☐

Can you navigate a flight of stairs? Yes ☐ No ☐

Please list any pertinent medical information such as food allergies, seizure disorder, dementia, etc.:_____

*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 have your veterinarian complete 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
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Lake Tomahawk, WI 54539