CAMP AMERICAN LEGION

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

2027 Season Application

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 INFORMATION BELOW:
NOTE: All applicants MUST be Current Wisconsin Residents – No Exceptions.

Applicant's current status is:

HONORABLY DISCHARGED VETERAN ☐ CURRENTLY SERVING MILITARY ☐

I served the majority of time as:

Reservist ☐ National Guard ☐ Active Duty ☐

DATES OF SERVICE: _____ TO _____

MILITARY BRANCH OF SERVICE: _____

First priority goes to campers who have never stayed at Camp American Legion. Please have applications turned into the office by January 1, 2027.

Please select your top three choices of dates from the options below .
NOTE: Veterans may only attend Camp American Legion one time per season.

Veteran & Family Weeks:

- 24-28 May
- 21-25 June
- 28 June- 2 July
- 6-9 July
- 12-16 July
- 19-23 July
- 28-30 July
- 2-6 August
- 16-20 August
- 7-10 September

Specialty Weeks:

- 14-18 June *Women Veterans' Week (Females only-no spouse or children)*
- 9-13 August *Vietnam/Korean War Veterans (this era only)*
- 23-27 August *Couples Focus (Couples only- no children)*

Dates applying for:

1st choice:_____ 2nd choice:_____ 3rd choice:_____

Eligibility is extended to applicant's spouse/partner, your 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.

_____

_____

_____

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.

Check if you use any of the following: ☐ 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: _____ DOB: _____ MALE ☐ FEMALE ☐

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 myown 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:

- ***Proof of honorable discharge: 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

Office Use:
Date received: _____ Approved: ◉ Staff Initials: _____

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.