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

2027 APPLICATION FOR RESERVATION

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 Family? Yes: ☐ No: ☐

Have you stayed at Camp American Legion previously? Yes: ☐ No: ☐

If yes, how many years have you attended camp? ____

How did you hear about Camp American Legion?_____

All applicants must be full-time WI Residents~ NO EXCEPTIONS.

FAMILY OF THE FALLEN INFORMATION

SERVICE MEMBER'S NAME: _____

MILITARY BRANCH OF SERVICE: _____

FALLEN DATE:_____ **RELATIONSHIP:**_____

RESERVATION REQUEST:
Aside from the main camp schedule, Cabin 22 is available to request one week at a time throughout the entire year. Check in is late Monday afternoon and check out is Sunday morning. Please list or select your top three choices of dates below.

1_____to_____
2_____to_____
3_____to_____

Eligibility is extended to applicant's immediate family only; to include spouse and legal dependent children. Please list family members you wish to include, as well as the dates of birth .

Name:_____ Relationship:_____ DOB:_____ Gender:_____ Veteran:☐

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Name:_____ Relationship:_____ DOB:_____ Gender:_____ Veteran:☐

Please list any family (medical / food allergies) information we should be aware of:

_____

_____

_____

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.

Do you need a caregiver? Yes: ☐ No: ☐

If yes, please fill out the caregiver's information below. Caregiver must be at least 18 years old, able to physically provide necessary care, and will be staying in the same cabin as the veteran.

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 ACKNOWLEDGEMENT:

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: _____

Upon review and approval a welcome letter and packet outlining details will be sent to the applicant. Please submit completed application along with proof of Wisconsin Residency to:

caloffice@wilegion.org

or

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