



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

LEGION RIDERS APPLICATION

SEPTEMBER 8-13, 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

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: _____

Intended check-in and check-out dates: 8th____ 9th____ 10th____ 11th____ 12th____ 13th____

(C.A.L will be closed Monday, Sept. 7, 2026 for Labor Day)

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
8529 County Road D
Lake Tomahawk, WI 54539