CAMP AMERICAN LEGION

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

LEGION RIDERS APPLICATION
SEPTEMBER 13-19,2027

PERSONAL/CONTACT INFORMATION:

NAME: _____ DOB:_____ MALE: ◯ FEMALE: ◯

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

I prefer further communication delivered by: email ◯ USPS mail ◯

Please select your arrival and departure dates:

13th ◯ 14th ◯ 15th ◯ 16th ◯ 17th ◯ 18th ◯ 19th ◯

Will a spouse/significant other be attending with you?
Name:_____
We try to provide lodging for as many Riders as possible. You may be sharing a space with others. Please list your preferred roommates:

_____

NOTE: All applicants MUST be Current Wisconsin Residents and Legion Rider Members
NO Exceptions

Are you a veteran or active duty:

◯ HONORABLY DISCHARGED VETERAN ◯ CURRENTLY SERVING

DATES OF SERVICE: _____ TO _____

MILITARY BRANCH OF SERVICE: _____

ACTIVE: ◯ RESERVE: ◯ NG: ◯

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.

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Phone:_____

Address: _____ Relationship: _____

STATEMENT OF APPLICANT:

I understand that I 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 follow Camp procedures as a guest of their property and will be held responsible for damage to property.

Signature of Applicant: _____ Date: _____

To the address listed below, submit the following to be considered for approval:

- **Completed 2027 application**
- **American Legion Riders Membership card copy**
- **Valid Wisconsin Drivers License copy**

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or
Camp American Legion
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<u>Note:</u> When applications are received, we will confirm receipt. Information regarding the event will be sent in August closer to the date of the event. In order to attend, Riders must have an approved application. All spaces are filled on a first-come, first-serve basis regardless of position held, rank, class, etc. Thank you in advance for your cooperation!