



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



**2026 CAMP HOMEFRONTSTRONG**  
**A Reconnecting Retreat for Wisconsin Military Spouses & Families**  
**Hosted by All4Hope, Inc**

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**PERSONAL/CONTACT INFORMATION:**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ 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: \_\_\_\_\_

(Membership is not a requirement to attend)

**ELIGIBILITY – CRITERIA – STATUS – PLEASE CHECK APPROPRIATE STATUS:**

*NOTE: All applicants MUST be Current Wisconsin Residents, honorably discharged veterans or currently serving U.S. Military,*

Please check one: (For this special event, please list your service member above.)

\_\_\_ HONORABLY DISCHARGED VETERAN

DATES OF SERVICE: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_ CURRENTLY SERVING MILITARY

DATE ENTERED: \_\_\_\_\_

MILITARY BRANCH OF SERVICE: \_\_\_\_\_ RESERVE: \_\_\_\_\_ NATIONAL GUARD: \_\_\_\_\_

Please check one:

\_\_\_ HONORABLY DISCHARGED VETERAN

**ATTENDANCE REQUEST:**

Eligibility is extended to the applicant’s spouse/partner, legal dependent children, and medical caregiver only. We apologize, but we do not have space for grandchildren, nieces, nephews, friends, etc. Please list your spouse and children who are attending below. **FOR THIS EVENT: Open to any recently returned Military members (list above), Spouses, and the caretakers of the children of our deployed Wisconsin Service Members.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_ - \_\_ - \_\_ Gender: \_\_\_\_\_ Veteran: \_\_\_\_\_

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 utilize 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.*

**SATURDAY ATTENDEES**

**Please list people who will be attending only on Saturday. Visiting time is from 9 am to 3 pm..**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ 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.

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: \_\_\_\_\_ Page 2 of 3

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please return your application as soon as possible,  
Spaces fill up quickly. Secure your cabin today!

Email: [caloffice@wilegion.com](mailto:caloffice@wilegion.com)

or

Camp American Legion

8529 County Road D West

Lake Tomahawk WI 54539-9753

**Thank you for applying, and we are so excited for the opportunity to welcome you to camp.**

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OFFICE USE ONLY

CABIN # \_\_\_\_\_