



CAMP AMERICAN LEGION

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

2024 SUMMER APPLICATION

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 #: _____
I would like more information on the benefits and programs of the WI American Legion

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 STATUS:

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

Please check one:

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: _____

**First priority goes to campers who have never stayed at Camp American Legion.
Please have applications turned into the office by January 1st, 2024.**

Please select your top three choices from the options below (label 1st, 2nd, 3rd)

- _____ May 28 to May 31 *Veteran and Family Week*
- _____ June 3 to June 7 *Veteran and Family Week*
- _____ June 10 to June 14 *Veteran and Family Week*
- _____ June 17 to June 21 *Women Veterans Week*
- _____ June 24 to June 28 *Veteran and Family Week*
- _____ July 8 to July 12 *Veteran and Family Week*
- _____ July 15 to July 19 *Veteran and Family Week*
- _____ July 22 to July 26 *Veteran and Family Week*
- _____ August 5 to August 9 *Veteran and Family Week*
- _____ August 12 to August 16 *Vietnam & Korean War Veteran Week* (must have served during these eras)
- _____ August 26 to August 30 *Couples Focus Week*
- _____ September 3 to September 6 *Veteran and Family Week*

Please note, after applications are reviewed in January you will receive an email or letter regarding your approval or denial status. Applicants that are accepted will receive "Welcome Letter" detailing check-in and check-out times and dates.

Eligibility is extended to applicant's spouse/partner, legal dependent children 18 yrs. of age and under, and medically necessary caregivers only. We apologize but in order to best serve our WI Veterans, 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 we should be aware of and which guest it pertains to (ex:food allergies, Dementia, Alzheimer's,seizures, oxygen use, mobility issues). While we try to provide alternative menu items, you may need to provide substitutions for food allergies and dietary preferences. All cabins have mini refrigerator.

Do you use a: 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: _____ 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 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: _____

Applicants must submit completed application along with a copy of the following; DD214 (block out SSN) or VA ID, and proof of Wisconsin Residency each year to:

**caloffice@wilegion.org
or
Camp American Legion
8529 County Road D West
Lake Tomahawk WI 54539-9753**

OFFICE USE

Date Received: _____ Accepted Staff Initials: _____ Cabin Used: _____