



**CAMP AMERICAN LEGION**

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

**Chaplains Retreat June 1-5, 2026**

**PERSONAL/CONTACT INFORMATION:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ 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, how many 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.*

Please check one:

\_\_\_ HONORABLY DISCHARGED VETERAN BRANCH OF SERVICE \_\_\_\_\_

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

*Please provide a copy of your DD214, American Legion Membership Card or VA ID Card, and proof of current Wisconsin residency.*

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:

**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: \_\_\_\_\_

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

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

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

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

*Submit completed application along with a copy of proof of Wisconsin Residency to:*

Email: caloffice@wilegion.org

Or via mail to:

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