



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

2023 APPLICATION FOR PROGRAM WEEK

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: _____

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, honorably discharged veterans or currently serving U.S. Military,

Please check one:

____ HONORABLY DISCHARGED VETERAN

DATES OF SERVICE: _____ TO _____

____ CURRENTLY SERVING MILITARY

DATE ENTERED: _____

MILITARY BRANCH OF SERVICE: _____ RESERVE: _____ NATIONAL GUARD: _____

****Please provide a copy of your DD214, American Legion Membership Card or VA ID Card, and proof of current Wisconsin residency such as valid drivers license or utility bill.****

ATTENDANCE REQUEST:

H.O.P.E. Retreat weekend September 25-29

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.

STATEMENT OF APPLICANT:

I understand that I and my caregiver 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 one of the following; DD214, VA ID, and proof of Wisconsin Residency to:

caloffice@wilegion.com

or

Camp American Legion

8529 County Road D West

Lake Tomahawk WI 54539-9753

CAREGIVER INFORMATION – if needed

Do you need a caregiver? Yes: _____ No: _____

If yes, please fill out the caregiver's information below and get this information to us ASAP as it may affect whether or not you are able to attend the Healing Warrior Hearts retreat week at the Camp

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: ____

For your information:

A veteran is allowed one week at camp per year.

Examples of events at Camp American Legion.

May 19 to May 21 ***WI American Legion Chaplain Retreat***

June 5 to June 9 ***Wounded Warrior United***

August 7 to August 11 ***Camp Serenity***

August 21 to August 25 ***Hearing and Vision Impaired Group***

September 18 to September 22 ***Pain University***

September 25 to September 29 ***Church Health Services-H.O.P.E. Retreat***

October 2 to October 6 ***K9 Patriots***



***H.O.P.E Veterans/Service Members Retreat 2023
At Camp American Legion in Lake Tomahawk, WI
Application***

Name: _____ **Adult Unisex T-Shirt Size** _____

The purpose of the H.O.P.E (Helping Our Patriots Excel) Retreat is to form comradery in a fun and safe atmosphere while learning to build a sturdy foundation with the basic pillars of life (mental, spiritual, financial, physical, and social). The date of the retreat will be September 25th (arrive in evening) through September 29th (depart by noon). This retreat will provide all lodging, meals, snacks, water, and coffee. If chosen for the retreat a Welcome Letter will follow along with recommended items to bring to the retreat and the retreat's agenda. Please complete the following information and return the application by June 30, 2023.

Please describe what you hope to gain from each pillar: (ie: financial pillar-planning for retirement, reducing debt, etc.)

Social _____

Physical _____

Mental _____

Spiritual (religious preference, if any) _____

Financial _____

Do you have any mental health/substance use concerns that staff should be aware of (This will not exclude you, but allow us to provide you with support if needed)

Do you have any medical concerns that staff should be aware of (This does not exclude you, but allow us to provide you with support if needed)

Do you have a service dog that will be attending retreat? _____ If so, more paperwork will be requested.

By initialing here, you consent to have a retreat committee member contact you via telephone for additional information. This will happen after receiving the completed application and before the end of July. A reminder telephone call will occur the week of September 18, 2023 (one week prior to the retreat).

Initials: _____ Best number/times to reach you _____

As there are no financial obligations to this retreat, we require a personal reference.

Name of Reference _____

Telephone _____

By initialing here, you have advised your reference that a committee member may be contacting them.

Initials: _____

I attest that all information provided is true and accurate. I understand that I will be participating in both indoor and outdoor activities that may expose myself to injury. I agree to indemnify and hold harmless the H.O.P.E retreat volunteers/staff as well as sponsors and Camp American Legion from any harm, damages, etc., to myself or my personal property while attending/participating in the H.O.P.E retreat.

If you have any questions or concerns regarding this retreat, please contact Candice Kreis at Church Health Services at 920-887-1766 extension 209. Or email candicek@churchclinic.org.

Participant's Signature _____ Date _____