



CAMP AMERICAN LEGION
8529 County Road D
Lake Tomahawk, WI 54539
campalwi@gmail.com
www.campamericanlegion.org
[715-277-2510](tel:715-277-2510)

2021 APPLICATION FOR RESERVATION REQUEST

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: _____ Post #: _____

Have you stayed at Camp American Legion previously? Yes: _____ No: _____ If yes, when? _____

COVID 19 RISK REDUCTION SELF CHECKS

In efforts to protect our guests (YOU) and our staff, all guests will be required to complete a pre-screening survey prior to check in. In addition, we ask that ALL guests do self-checks prior to coming to Camp American Legion. If you have been exposed to someone with COVID 19 with in 14 days prior to your scheduled arrival to Camp American Legion we ask that you do not come to camp unless you have been tested and received a negative test result.

CDC Announcement - People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. When doing Self Checks take the following list of symptoms in account:

If you have any or several of these symptoms you may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

ELIGIBILITY – CRITERIA – STATUS – PLEASE CHECK APPROPRIATE STATUS:

HONORABLY DISCHARGED VETERAN: Yes ___ No ___

DATE OF SERVICE: _____ **TO** _____

MILITARY BRANCH OF SERVICE: _____

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

ACTIVE SERVING MILITARY: _____

DATE ENTERED SERVICE: _____

MILITARY BRANCH OF SERVICE: _____

Please provide a copy of your Military ID Card and proof of current Wisconsin residency.

FAMILY OF THE FALLEN: _____

SERVICE MEMBER'S NAME: _____

MILITARY BRANCH OF SERVICE: _____

FALLEN DATE: _____

Please provide proof of current Wisconsin residency.

NOTE: All applicants MUST be Current Wisconsin Residents.

RESERVATION INFORMATION:

REQUESTED ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

(Please note, after your application has been processed you will receive a "Welcome Letter" detailing check-in and check-out times and dates.)

Eligibility is extended to applicant's immediate family to include spouse and legal dependent children.

Please list family members you wish to include, as well as ages of the children.

Please list any family (medical / food allergies) information we should be aware of:

Do you need a caregiver? Yes: ___ No: ___ If yes, Caregiver's Name: _____

(Caregiver must be at least 18 years old and able to physically provide necessary care).

Do you use a: Wheelchair ___ Scooter ___ Walker ___ Cane ___ Service Dog ___

Can you go up & down 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 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 one of the following; DD214, VA ID, or Military ID to:

campalwi@gmail.com

or

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