



**H.O.P.E Veterans/Service Members Retreat 2025
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 integrative wellness 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 23rd (arrive in afternoon) through September 26th (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, 2025**.

Please describe what topics you would like to be covered 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 the 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 15, 2025 (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 Journey to the Light Ministries at 920-303-7140. Or email candice@journeytothelight.org

Participant's Signature _____ Date _____



CAMP AMERICAN LEGION

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

SUMMER APPLICATION 2025

PERSONAL/CONTACT INFORMATION:

NAME: _____ DOB: _____ MALE: ____ FEMALE: ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

I prefer to have communications sent via: email _____ postal service _____ (By checking this box I understand the delivery time will be longer than email)*

I am a member of The Wisconsin American Legion? ____ District: ____ Post #: _____

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

____ CURRENTLY SERVING MILITARY

DATES OF SERVICE: _____ TO _____

MILITARY BRANCH OF SERVICE: _____

ACTIVE: ____ RESERVE: ____ NATIONAL GUARD: ____

**First priority goes to campers who have never stayed at Camp American Legion.
Please have applications turned into the office by January 1st, 2025.**

Please select your top three choices from the options below (label 1st, 2nd, 3rd). NOTE: Veterans may only attend Camp American Legion one time per season.

- _____ May 27 to May 30 ***Veteran and Family Week***
- _____ June 2 to June 6 ***Veteran and Family Week***
- _____ June 16 to June 20 ***Women Veteran Week*** (Female veterans only- no spouses or children)
- _____ June 23 to June 27 ***Veteran and Family Week***
- _____ July 7 to July 11 ***Veteran and Family Week***
- _____ July 14 to July 18 ***Veteran and Family Week***
- _____ July 21 to July 25 ***Veteran and Family Week***
- _____ August 4 to August 8 ***Veteran and Family Week***
- _____ August 11 to August 15 ***Vietnam & Korean War Veteran Week*** (must have served during these eras)
- _____ August 25 to August 29 ***Couples Focus Week*** (Couples Only- no children)
- _____ September 2 to September 5 ***Veteran and Family Week***

Please note, after all applications are reviewed in **January** applicants will receive an email or letter regarding their 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 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 (ex: food allergies, Dementia, Alzheimer's, oxygen use) we should be aware of and which guest it pertains to. While we try to provide alternative menu items you may need to provide substitutions for food allergies or dietary preference.

Camp does not provide any medical/mobility equipment, but you may bring your own. If you utilize a service dog, you will be required to have your veterinarian fill out an additional application and submit the information at least two weeks prior to your visit.

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? 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 the elements over which neither Camp American Legion nor its employees and volunteers have any control. I will accept all responsibility for any injury incurred while attending Camp or any events held at Camp, participating in any Camp activity, including travel in Camp owned vehicles and boats and utilizing Camp equipment.

I certify that if I incur any expenses for medication, hospitalization, or for any other reason while I am at Camp, I will be held responsible for such expenses.

I assume all responsibility for the loss of or damage to my personal effects while at Camp. I am responsible for my own transportation to and from Camp in a timely manner.

Signature of Applicant: _____ Date: _____

Applicants must submit completed application along with a copy of one of the following; DD214 (block out SSN) ~or~ VA ID, and proof of Wisconsin Residency (valid drivers license, WI ID or utility bill with current address each year to:

caloffice@wilegion.org

or

Camp American Legion

8529 County Road D West

Lake Tomahawk WI 54539-9753

Office Use:

Date received: _____ Approved: ☐ Staff Initials: _____

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