



**H.O.P.E Veterans/Service Members Retreat 2026
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 29th (before noon) through October 2nd (depart by 10am). 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 July 15th.

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 attend the retreat? If so, more paperwork will be requested. Yes | No

By initialing here, you consent to have a retreat committee member contact you via telephone for additional information, as well as consenting to receiving texts and/or emails providing updates. This will happen after receiving the completed application and before the end of July. You will receive a confirmation email upon the receipt of your application. If you do not receive this confirmation please contact Mary at 920-322-5571 or mary@journeytothelight.org. 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 at Journey to the Light Ministries at 920-303-7140 or Mary at 920-322-5571 or by email candice@journeytothelight.org or mary@journeytothelight.org.

Participant's Signature: _____ Date: ____/____/____



CAMP AMERICAN LEGION
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www.campamericanlegion.org
715-277-2510

H.O.P.E. Retreat September 29-October 2, 2026

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:

ELIGIBILITY – CRITERIA – STATUS – PLEASE CHECK APPROPRIATE STATUS:

NOTE: All applicants MUST be current Full Time Wisconsin Residents and honorably discharged veterans or currently serving U.S. Military- NO EXCEPTIONS.

Please indicate your period and branch of service:

HONORABLY DISCHARGED VETERAN CURRENTLY SERVING

DATES OF SERVICE: _____ TO _____

MILITARY BRANCH OF SERVICE: _____

ACTIVE DUTY: RESERVE: NATIONAL GUARD:

****Please provide a copy of your DD214 or VA ID Card, and proof of current WI residency such as valid drivers license or utility bill each time you apply. We DO NOT keep documents on file.****

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.

Do you use any of the following assistive devices:

Cane Wheelchair Motorized Scooter Walker

EMERGENCY CONTACT:

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: _____

Submit completed application along with a copy of the following; DD214 or VA ID, and a copy of your Wisconsin Driver License or ID to the H.O.P.E. Retreat Organizers.