

Michigan American Legion Wilwin Lodge

APPLICATION FOR ROOM RESERVATION(S)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Email Address _____

Are you a Michigan Resident? Yes ___ or No ___

MILITARY SERVICE: Indicate which branch of service and the dates you served.

Branch of Military Service _____ Dates _____

Are you a member of The American Legion Family? Yes ___ or No ___

(Membership is not required for acceptance.)

ROOM ACCOMMODATIONS REQUESTED:

1. How many bedrooms? _____
2. How many nights are you requesting? _____
3. Will you be needing the use of a kitchen? _____ If yes, you will be asked for a donation for the cleaning.
4. Which building would you prefer:
 - a. The Lodge _____ (The Lodge has six bedrooms and can sleep up to sixteen guests.)
 - b. The Veterans' Retreat _____ (The Retreat has four bedrooms and can sleep 7-8 guests.)

STATEMENT OF APPLICANT:

I certify that if I or my family incurs any expenses for medications, hospitalization, or any other reason while at the Wilwin Lodge facility, we will be responsible for such expenses. I will hold harmless The American Legion, Department of Michigan, and Michigan American Legion Wilwin Lodge, Inc. for any injuries or liability while a guest of the Wilwin Lodge.

Signature of Applicant

Printed Name

Date

Witness Signature

Witness Printed Name

I assume responsibility for the loss of, or damage to, my personal effects while at the Wilwin Lodge facility. I will furnish my own transportation to and from the Wilwin Lodge.

Signature of Applicant

Date