

Michigan American Legion Wilwin Lodge at Cygnet Cove

APPLICATION FOR ROOM RESERVATION(S)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Email Address _____

Are you a Michigan Resident? Yes ___ or No ___ Dates Requested: _____

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. Caretakers Cabin _____ (Ground level. Sleeps up to 4 guests)
 - b. Loft _____ (Located above the garage. Sleeps 4 guests.)
 - c. Main House _____ (Has 4 bedrooms)

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 at Cygnet Cove, we will be responsible for such expenses. I will hold harmless The American Legion, Department of Michigan, and Michigan American Legion Wilwin at Cygnet Cove for any injuries or liability while a guest of the Wilwin at Cygnet Cove.

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 at Cygnet Cove facility. I will furnish my own transportation to and from the Wilwin Lodge at Cygnet Cove.

Signature of Applicant

Date