



# LEGIONVILLE EDUCATIONAL CENTER REQUEST FOR CAMP RESERVATION

**SEND COMPLETED FORM AND CHECK TO:**

Legionville  
The American Legion  
20 W. 12<sup>th</sup> St., Room 300A  
St. Paul, MN 55155

The \_\_\_\_\_ at \_\_\_\_\_ assume  
(Sponsoring Organization) (City, State)

leadership and will follow through in sponsorship of: \_\_\_\_\_ **boys and** \_\_\_\_\_ **girls** for one week of training at Legionville.

Sponsored campers will be from \_\_\_\_\_  
(Name of School/s)

WRITE CHECKS PAYABLE TO *LEGIONVILLE*.

Enclosed is our remittance of \$ \_\_\_\_\_ in registration fee(s) at **\$500.00** for each student.

We prefer that \_\_\_\_\_ Boy(s) attend the \_\_\_\_\_ session. Our alternate choice is the \_\_\_\_\_ session.

We prefer that \_\_\_\_\_ Girl(s) attend the \_\_\_\_\_ session. Our alternate choice is the \_\_\_\_\_ session.

*We understand that reservations for preferred sessions will be on a first come first served basis.*

Organizational Sponsor Contact name

Phone Number \_\_\_\_\_ - \_\_\_\_\_

Address (Please include School Name if mailed to a school)

E-Mail \_\_\_\_\_

Most communication will be through email, so please ensure the address is correct and legible.

City / State / Zip \_\_\_\_\_

**CANCELLATION POLICY** - We understand that standby substitutes are recommended to be available in case of emergency cancellations. **WE AGREE THAT IF WE FAIL TO ADVISE OF RESERVATION CANCELLATIONS AT LEAST TWO WEEKS IN ADVANCE OF THE CONFIRMED SESSION'S OPENING DATE, WE WILL FORFEIT THE AMOUNT OF \$500.00 PER ENROLLMENT CANCELLED, UNLESS A SUBSTITUTE IS IN ATTENDANCE AT THIS SESSION.**

We understand that The American Legion reserves the right to cancel reservations for failure to submit completed registration forms at least two weeks before the opening of the reserved session. We agree that any exception to the above or to the training center plans, as advertised, must be agreed to in writing, and that the Training Center Administrator cannot accept verbal agreements as binding.

For the \_\_\_\_\_ Signed \_\_\_\_\_  
(Name of Organization) (Name and Title)

Dated: \_\_\_\_\_ Address \_\_\_\_\_

**This form does NOT constitute the registration. The official registration and required camp forms must be completed online by the parent/guardian. Once sponsorship payment is received, a coupon code will be emailed to the sponsor to then share with the campers. This coupon will be applied during the checkout process and will credit the \$500 camp fee. The registration link can be found at [www.legionville.org](http://www.legionville.org)**