



Registration Form
American Legion Department of PA Women's Retreat
May 30 – June 1, 2025
Camp Susque, Trout Run, PA
***NO ALCOHOL. SMOKING IN DESIGNATED AREA ONLY**

First Name	Last Name	Service Branch
Address	City	State
Contact Phone Number	Landline or Mobile	Email
Legionnaire? Yes or No	Post	City
		State

Lodging Accommodations (5 meals included in lodging): Please only select single room if necessary.
 Do you require a lower bunk? - ____ If necessary, are you able to sleep on the Top Bunk? – Yes or No
 Emergency Contact:
 Medical Concerns that we should be aware of:
 ** I want to share meals but will stay offsite _____ How many meals? _____ a la carte prices below
 *Linens not included. Please bring towels and bedding.

Food Allergies/Special dietary requirements:

Planning to arrive (Retreat check in Friday 4pm)
 Friday Evening Saturday Morning

Circle activities you would like to participate during retreat (cost may be extra):
Climbing Wall - \$12 (pay at camp)
Low Ropes - \$11 (pay at camp)
Archery – No fee. If you have archery equipment, please bring it. Limited equipment available.
Shooting Range – No fee. If you bring firearm(s), they must have gun locks and be properly secured when not in use. Must pick up brass. .22 caliber only.

Send Registration Form, and payment to: Women Veterans Committee c/o Carolyn McCaslin 800 East Water Street Ext. Smethport, PA 16749 Make Check Payable to: American Legion Department of PA Memo Line of check – Women's Veterans Committee or WVC	Total Cost of Retreat	Insert \$
	Lodging & Meals -	\$110
	Meals a la carte – please notify ahead	
	B – \$8.75, L - \$10.50, D – \$12.00	
	Contact us if a scholarship is needed	
	Total Fees to be paid with registration	\$

I understand that no refunds will be provided if cancellation is within 14 days (May 16, 2025) from the start of the retreat. I will contact Jania Masterson at 626-513-5248 or Carolyn McCaslin at 814-596-2031 to notify of my cancellation.
 *Bring copies of photos of yourself while you served in the military, if available, or email to WVC chairs

Participant Signature:	Date:
Registration received by:	Amount Received:
	Date: