

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 Na	Last Name				Service Branch
Address	С	City			State	Zip
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 *Linens not included. Please bring towels ar			many m	eals	? pric	es listed below
Food Allergies/Special dietary requi	rements:	:				
Planning to arrive (Retreat check in Friday 4p) Friday Evening Saturday N						
Low Ropes - \$11 (pay at cam Archery – No fee. If you have Shooting Range – No fee. If y when not in use. Must pi	archery ou bring	firearm(s), they	y must h	_	•	
Send Registration Form, Release Form	Total Cost of	Retreat	Insert \$			
payment to:		Lodging & Meals -				\$110
Women Veterans Committee		Meals a la carte – please notify ahead				
c/o Carolyn McCaslin		B - \$8.75, L - \$10.50, D - \$12.00				
800 East Water Street Ext.		Contact us if a scholarship is needed				
Smethport, PA 16749		Total Fees to be paid with				
Make Check Payable to: American Legion Department of PA Memo Line of check – Women's Veterans Committee or WVC		registration			\$	
I understand that no refunds will be start of the retreat. I will contact Ja to notify of my cancellation. *Bring copies of photos of yourself	nia Mast	erson at 626-5	13-5248	or C	Carolyn McCas	lin at 814-596-2031
Participant Signature:		Date:		:		
Registration received by:	Amount Received:			Date:		