

Summer Camp Special Needs Request

Please complete this form for each person in your unit with a special need, and send it to the Council Office as soon as possible. You will be contacted to confirm your request and if more information is needed. Please print clearly.

Unit Number: _____ Pack _____ Troop _____ Crew _____ District: _____
(circle one)

Attending: Family Camp Adventure Camp Adventure Webelos Camp Boy Scout Camp
(circle one)

Session Dates: _____

Name of Unit Leader Making Request Scouting Position

Street Address City State Zip Code

Day Time Phone Number Night Time Phone Number E-mail Address

Name of Person Request Made For: _____

Please describe the type of physical arrangement, assistance or special dietary needs being requested.

For Office Use Only

Received on: _____ By: _____
Confirmed on: _____ By: _____
