SPECIAL NEEDS REQUEST - YOUTH

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE

•••• INCLUDES SPECIAL DIETARY REQUESTS ••••

(Attach Doctor's note stating reason if Medical)

MUST BE SUBMITTED 4 WEEKS BEFORE THE CAMP SESSION BEGINS

Please Print or Type

Unit Type: Troop (Troop, Crew, etc) Unit Number: 459 District: Iron Horse

If Summer Camp, Session, Camp, and Campsite: Bartle, Session 2, Piercing Arrow, Fort Long

Event Name: Summer Camp

Unit Leader Making Request: Phone #: (913-221-9109) Scott Valler

Request Made For (Name of Youth): _____ Age _____

Reason (Medical, Religious, Personal, etc) _____

Type of Physical Arrangement, Assistance Requested or Special Dietary Request:

(Attach Doctor's note stating reason if Medical)

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Date Filed with Camping Services: _____ Copy to Reservation on: _____

Copy to Dining Hall Coordinator on _____ Other: _____

Return to: HOAC, 10210 Holmes Rd, Kansas City, MO 64131 • fax: 816-942-8086