

LONGHORN COUNCIL BOY SCOUTS OF AMERICA
SR² SUMMER CAMP
REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE
****INCLUDES SPECIAL DIETARY REQUESTS****

SPECIAL NEEDS REQUEST

Please Print or Type

Unit Number: _____ PACK TROOP CREW District: _____
(Circle one of the above)

Sr2 Summer camp Week # _____

Unit Leader Making Request: _____

Phone #: _____

Request Made For (Name of Person): _____

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

For Camp Staff:

File Date: _____ Copy of Reservation by: _____

Copy to Dining Hall Coordinator on _____