

# 2020 CDB SPECIAL NEEDS REQUEST FORM

The Daniel Boone Council will do everything in its power to accommodate participants with special needs. **Please fill out this form and submit it to [specialneeds4cdb@gmail.com](mailto:specialneeds4cdb@gmail.com).** Thank you for your assistance! Please submit by May 15th, 2020.

Unit Number: \_\_\_\_\_ Council/District: \_\_\_\_\_

Week attending Camp Daniel Boone: \_\_\_\_\_

Week #	Dates
1	June 7 – June 13, 2020
2	June 14 – June 20, 2020
3	June 21 – June 27, 2020
4	June 28 – July 4, 2020
5	July 5 – July 11, 2020
6	July 12 – July 18, 2020
7	July 19 – July 25, 2020

1. Does anyone in your unit **have a physical need that limits mobility**? Please provide details below:

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2. Does anyone in your unit **have special equipment needs**? (Access to electricity, CPAP battery pack, etc.) Please explain below:

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3. Do any of your unit members **have special dietary concerns**? Please be specific and suggest possible alternatives. Please provide medical documentation for dietary concerns other than vegan or vegetarian preferences (but please still note these preferences here):

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5. Please list **any other special needs** below:

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6. Who should we contact if we have questions?

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_