

2016 Special Needs Request Form

The Daniel Boone Council will do everything in its power to accommodate participants with Special needs. Please complete this form and submit it with your payments. Thank you for your assistance. Please submit by May 15, 2016

Unit Number: _____ Council / District: _____

Week Attending Camp: _____

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

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

3. Do any of your unit members have special dietary concerns? Please be specific and suggest possible alternatives:

4. Please list any other special needs below:

Person to contact if we have questions:

Name: _____ Phone: _____