

YOUTH 2018 SPECIAL NEEDS REQUEST

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

Date of Request _____

Unit Type: _____ Unit Number: _____ District: _____
(Troop, Crew, etc)

Event Name: _____

If Summer Camp, Session _____, Camp _____, and Campsite: _____

Person Making Request: _____ Phone #: (____) _____

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

Parents Name: _____ Phone # (____) _____

Reason: Medical _____ Religious _____ Personal _____

Explanation of Type of Physical Arrangement, Assistance Requested or Special Medical Dietary Request: (attach Doctor's not stating reason if Medical)

Date Filed with Camping Services: _____ Reservation: _____

Dining Hall Coordinator: _____ Other: _____

Doctors Statement: _____

Return to: HOAC, 10210 Holmes Rd, Kansas City, MO 64131 or fax 816.942.8086