

# **Special Needs Request**

## Request for Physical Arrangements Assistance

Pack Number: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Request being made for: \_\_\_\_\_

Is this person a: \_\_\_\_\_ Scout          \_\_\_\_\_ Walking Leader

Type of physical arrangement or assistance requested:

(Example: Wheelchair bound, may need assistance in transporting to certain program areas)

---

---

---

Turn this request in at:

Registration at Roundtable or Walking Leader Training

Or to Ray Miller

Email: [BEdaycamp@gmail.com](mailto:BEdaycamp@gmail.com)

**Do Not Mail to the HAOC Office**