

# 2015 YOUTH 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

Unit Type: \_\_\_\_\_ Unit Number: \_\_\_\_\_ District: \_\_\_\_\_  
(Troop, Crew, etc)

If Summer Camp, Session, Camp, and Campsite: \_\_\_\_\_

Event Name: \_\_\_\_\_

Unit Leader Making Request: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Request Made For (Name of Youth): \_\_\_\_\_ Age \_\_\_\_\_

Reason (Medical, Religious, Personal, etc) \_\_\_\_\_

Type of Physical Arrangement, Assistance Requested or Special Dietary Request:  
(attach Doctor's note stating reason if Medical)

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Date Filed with Camping Services: \_\_\_\_\_ Copy to Reservation on: \_\_\_\_\_

Copy to Dining Hall Coordinator on \_\_\_\_\_ Other: \_\_\_\_\_

Return to: **HOAC, 10210 Holmes Rd, Kansas City, MO 64131**  
**fax: 816-942-8086**