

YOUTH 2019 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: Pack _____ Unit Number: _____ District: Iron Horse _____
(Troop, Crew, etc)

Event Name: Iron Horse Day Camp _____

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:

Return to: Laura Guengerich Laura@IHDayCamp.xyz