



Order of the Arrow Induction Events **SPECIAL NEEDS REQUEST**

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE
*****INCLUDING ALL SPECIAL DIETARY REQUESTS*****
MUST BE TURNED IN WITH REGISTRATION MATERIALS

Check One: Spring Induction #1 _____ Spring Induction #2 _____ Summer Induction # 1 _____
Summer Induction #2 _____ Fall Induction #1 _____ Fall Induction #2 _____

Pack / Troop / Team / Crew # _____ District: _____

Requestee's Name: _____ Circle one: Youth / Adult Requestee's Phone: _____

Check One: Ordeal Candidate _____ Brotherhood Candidate _____ Arrowman/Non-Arrowman _____

If making this request for a youth, please include parent's name and phone number if additional information is needed:

Provide unit leader information for **THE UNIT LEADER THAT WILL BE AT CAMP DURING** Inductions for this request.

Unit Leader Name: _____ Unit Leader Phone: _____

Type of Physical Arrangement, Assistance Requested or Special Dietary Request:

FOR OFFICE USE ONLY	Date Request Received: _____
Copy to: Health Lodge _____ Dining Hall _____ Elangomat _____ Nimat _____	
Event Registration Office _____ Work Crews/Maintenance _____	