# SPECIAL NEEDS REQUEST - YOUTH

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**