

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE
*****INCLUDES SPECIAL DIETARY REQUESTS*****

SPECIAL NEEDS REQUEST

Please Print or Type

Unit Number: _____ PACK TROOP CREW District: _____
(circle one of the above)

EVENT NAME: _____ CAMP _____

DATE(S) OF EVENT: _____

Unit Leader Making Request: _____

Phone Number: (_____) _____

Request Made For (Name of Person): _____

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

File Date: _____ Copy of Reservation by: _____

Copy to Dining Hall Coordinator on _____

Fax: (614) 436-7917 or Mail: Simon Kenton Council, BSA
P O Box 29207
Columbus OH 43229