



Central Florida Council Wood Badge 16-83-23-2



Dietary and Physical Needs/Limitations Form

Your friendly Wood Badge Staff want to make S4-83-19-2 a memorable experience for you. To assist us along this path, please let us know about your dietary and/or special needs:

Are there any food(s) you are allergic to or cannot eat for medical reasons, if so please specify:

Are there any food(s) that you cannot eat for religious reasons, if so please specify:

Do you have any physical limitations and/or special needs that will need accommodations?

Please let us know if there is anything else that we should know about you:

Name: _____ Phone _____

Email: _____

Please complete and email to: cfcwb232@gmail.com

Scribe, 16-83-23-2