WFA/CPR

SPECIAL NEEDS REQUEST

INCLUDE SPECIAL DIETARY REQUESTS
and FOOD ALLERGIES

This form is for detailed information – and
MUST BE COMPLETED BY FEB. 29TH.
Return to the Quivira Council Program Department

Needs Request must also be indicated online through registration in Black Pug.

Please Print or Type

Unit Type: [ ] Troop or [ ] Crew; Unit #: _____ District: _____ Council: _____

Unit Leader Making Request:_____

Unit Leader's Phone #: (_____) _____

Request Made For (Name of Person): Y or A _____
(Circle)

Type of Special Dietary Request / Food Allergies

_____

_____

_____

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Return to: Quivira Council Program Department
Attn: WFA - Candi
3247 N. Oliver, Wichita, KS 67220
or fax: 316-264-6054 – Attn: Program Dept.
or email: Candice.chase@scouting.org