

Special Needs Request

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE
&/or SPECIAL DIETARY REQUEST

**This form is for detailed information – and
MUST BE COMPLETED 1 WEEK PRIOR TO EVENT**

Return to the Quivira Council Program Department

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

Please Print Legibly or Type

Name of Event or Training: _____

Unit Type: [] Pack [] Troop or [] Crew

Unit #: _____ Council: _____ District: _____

Unit Leader Making Request: _____

Unit Leader's Phone #: (_____) _____

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

Type of Physical Arrangement, Assistance Requested, or Special Dietary Request:
(Please circle the need)

OFFICE USE: Copy to Food Coordinator on _____.

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