

CUB SCOUT CAMP **SPECIAL NEEDS REQUEST**

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE
&/or SPECIAL DIETARY REQUEST

**This form is for detailed information and
MUST BE TURNED IN BY MAY 1, 2022**

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

Please Print Legibly or Type

Pack #: _____ **District:** _____ **Council:** _____
(if Out of Council)

Camp Dates & Session #: _____

Pack Leader Making Request: _____

Pack Leader's Phone Number: _____

Pack Leader's Email: _____

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

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

Explain Need: _____

Copy to Dining Hall Coordinator on _____ (2022)

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