



SPECIAL PHYSICAL ARRANGEMENT NEEDS REQUEST



*****This form needs to be submitted to Black Pug four weeks before your scheduled arrival.*****

Unit Type / Number: _____ Council / District: _____

Scouts BSA Resident Camp Session: 1) ___ 2) ___ 3) ___ 4) ___ 5) ___

Cub Resident Camp: 1) ___ 2) ___ 3) ___

Campsite (if known): _____

Name: _____
(Name) (Rank) (Age)

Phone #: (____) _____ Email: _____

Request: CPAP Tent Site ___ Transportation Request ___ Accessible Camping Tent Site ___

Explanation of Limitations and Needs: _____

Transportation Locations:

Main Council Ring: _____ Shooting Sports: _____
Lake Front: _____ TOLB Council Ring: _____

Every effort will be made to accommodate needs but we cannot make guarantees.

Over the past few years Camp Arrowhead has been inundated with ride requests for adult leaders. While we make every effort to transport adults, the sheer volume of ride requests has put a strain on our resources and our ability to fully support the Scouting Program for the Youth. Please keep in mind the Scouts and the Scout Program will take priority during camp.

For Office Use Only:	Status:
Date Received @ Council: _____	Approved: ___ Conditional Approval: ___ Rejected: ___
Copy to Camp Director: _____	Reason: _____
Date Response Sent: _____	_____