

LONGHORN COUNCIL BOY SCOUTS OF AMERICA
REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE
******INCLUDES SPECIAL DIETARY REQUESTS******
SPECIAL NEEDS REQUEST

Please Print or Type

Unit Number: _____ PACK TROOP CREW District: _____
(Circle one of the above)

WR Summer camp Date: _____

Unit Leader Making Request: _____ Phone #: _____

Request Made For (Name of Person): _____

Physical Arrangements: _____ Dietary Needs: _____

Please detail the specific needs below: We will make every attempt to meet your dietary needs. Camp menu can be provided upon request.

For Camp Staff:

File Date: _____ Copy of Reservation by: _____

Copy to Dining Hall Coordinator on _____

Chris DeRose Camp Director
850 Cannon Drive, Hurst TX 76054 or email cderose@scouting.org