

MUSKINGUM VALLEY SCOUT RESERVATION

SPECIAL DIETARY AND PHYSICAL NEEDS REQUEST

Request for assistance for youth and/or adults with dietary/special needs at Summer Camp

Camper's Name: _____

Circle One: Adult or Youth Camp: Dates/Week #: _____

Circle One: Pack / Troop / Crew #: _____ Council: _____

Unit Leader's Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Type of physical arrangements or assistance requested (Please provide details): _____

Dietary restriction (Please provide details): _____

File Date: _____ Office personnel Initials: _____

All requests are due to the Council Office by May 17th with your Troop's Camp Registration.

Please mail to:
Muskingum Valley Council
Boy Scouts of America
c/o MVSR
Attention: Dietary Needs
734 Moorehead Avenue
Zanesville, OH 43701
740-453-0671 Office
740-453-2015 Fax