

**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)

Summer Camp Attending: _____ Camp Date: _____

Unit Leader Making Request: _____

Phone #: _____

Request Made For (Name of Person): _____

Type of Physical Arrangement, Assistant Requested or Special Dietary Request:

For Staff:

File Date: _____ Copy of Reservation by: _____

Copy to Event Coordinator on _____

Fax: (817) 231-8600 or email camping@longhorn.org