

SPECIAL NEEDS REQUEST

Request for physical arrangements assistance

Includes special dietary requests

Please submit form 3 weeks before you are scheduled to arrive for your session.

Unit Type: _____ Unit Number: _____

Camp Attending: Camp Horseshoe Camp John H. Ware 3rd

Summer camp dates and campsite: _____

Unit Leader Making Request: _____

Phone Number: _____

Request Made For (Name of youth): _____

Reason: (Medical, Religious, Person, etc): _____

Type of physical Arrangement, Assistance Requested or Special Dietary Request.

Please Submit to:

Camp Horseshoe: camphorseshoe@cccbsa.org

Camp John H. Ware 3rd : campware@cccbsa.org