

(This form may also be completed online at www.nhscouting.org/camping)

Please note: If accommodation requested is due to a medical condition, this medical information must appear on the camper's or leader's medical form.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

In order to fulfill your request to the best of our ability, please mail this form at least two weeks prior to your camp session to Camp Carpenter, 300 Blondin Rd. Manchester, NH 03109. You may also complete the online version at www.nhscouting.org/camping at least two weeks prior to your session. If you have not heard from Camp Carpenter two weeks prior to your session, please call to confirm receipt of your request at 603-623-5962