

# 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 3<sup>rd</sup>

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.**

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**Please Submit to:**

Camp Horseshoe : [camphorseshoe@cccbsa.org](mailto:camphorseshoe@cccbsa.org)

Camp John H. Ware 3<sup>rd</sup> : [campware@cccbsa.org](mailto:campware@cccbsa.org)