

## Special Needs Request Form

The Tidewater Council will do everything in its power to accommodate participants with special needs. Please complete this form and submit it with your payments. Thank you for your assistance. **Must Submit by the 1<sup>st</sup> Monday in May.**

Unit Type & Number: \_\_\_\_\_ Council / District: \_\_\_\_\_

Circle Week Attending Camp: \*Boy Scout 1 2 3 \*Cub Scouts \*Webelos 1 2

1. Does anyone in your unit have a physical need that limits mobility? Please provide details below:

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2. Does anyone in your unit have special equipment needs? (Access to electricity, etc.) Please explain below:

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3. Do any of your unit members have special dietary concerns? Please be specific and suggest possible alternatives:

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4. Please list any other special needs below:

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Person to contact if we have questions:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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