

**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)

EVENT NAME: \_\_\_\_\_ CAMP \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

Unit Leader Making Request: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Request Made For (Name of Person): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

File Date: \_\_\_\_\_ Copy of Reservation by: \_\_\_\_\_

Copy to Dining Hall Coordinator on \_\_\_\_\_

Fax: (614) 436-7917 or Mail: Simon Kenton Council, BSA  
P O Box 29207  
Columbus OH 43229