



SUMMER CAMP UNIT SPECIAL NEEDS

If a Scout or Scouter requires any special dietary, health, or mobility needs or restrictions while at camp, please fill out this form and return to the Theodore Roosevelt Council services center. We will make every effort to accommodate your special needs.

Please be specific in explaining all needs and restrictions. Please attach additional paperwork to explain any needs or restrictions if necessary. Please list down a contact person's name and phone number so that we can contact you if we have any questions. This form will be submitted to the camp personnel for follow-up.

Please use a separate sheet for each individual requiring accommodation.

Our camp menu is posted on our website: www.trcbsa.org. Please submit this form by June 1st or no later than three weeks prior to your arrival at camp.

_____	IQ PQ RR SR O of C	_____
Unit Number	Circle District or Out of Council	Name of Council if Out of Council Unit
_____	_____	_____
Date Arriving at Camp	Date Departing Camp	Campsite
_____		Youth <input type="checkbox"/> Adult <input type="checkbox"/>
Name of Person Requiring Needs or Restrictions		Check One
_____		_____
Contact Person's Name		Contact E-mail address
_____		_____
Cell Number		Home Number

Describe specific requirement:
