

Custaloga Town Special Need Request

Camper's Name: _____

District: _____ Unit: _____ Camp Session #: _____

Leader: _____ Phone Number: _____ Date: _____

List Scouts name and need:

Special Dietary Needs: (Food Allergies or Diet Restrictions) _____

Handicapped Access: (Special tenting, campsite access, driving pass, transportation, etc. – Please specify) _____

Other: (Please be specific) _____

We will make every effort to accommodate those needs that are deemed medically or physically necessary to the best of our ability.

Handicap access to campsites and facilities is limited to the individual. This is to insure the safety of all campers.