

# Custaloga Town Special Need Request

District: \_\_\_\_\_ Unit: \_\_\_\_\_ Camp Session #: \_\_\_\_\_

Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

List Scouts name and need:

Special Dietary Needs: (Food Allergies or Diet Restrictions) \_\_\_\_\_

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

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Other: (Please be specific) \_\_\_\_\_

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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.