

SPECIAL REQUESTS

If you have a need that requires special attention due to medical or religious reasons, please fill out this request form and submit to the Council Service Center at 2860 Genesee Street, Buffalo, NY 14225. Attn: Bob Blatz, fax to (716) 891-4008 or email to Bob.Blatz@scouting.org. Please complete a form for each participant with a need and provide as much information as possible. **Completed forms should be submitted a minimum of two weeks before the participant will be attending camp.**

Participants Name _____ (Circle One) Pack/Troop # _____

Dates Attending: _____ to _____

Home Contact Info: Name: _____ Phone: _____

Food Allergies/Dietary Needs: YES NO

Please describe:

Suggested food replacements: (We will do our best to make substitutions that meet your needs)

Religious Needs: YES NO

What can we do to help?

Electricity Needs (i.e. CPAP Machine): YES NO

What is the need?

Mobility Needs: YES NO

What can we do to help?

Please return this form NO LATER than two weeks prior to your visit to our camps.