## SPECIAL NEEDS REQUEST

## REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE \*\*\*\*INCLUDES SPECIAL DIETARY REQUESTS\*\*\*\*

## Return to Ozark Trails Council c/o Camp Arrowhead

Please Print or Type

	Unit p, Crew, Pack)	Number: District:	
Summer Camp S	Session:	Campsite:	
Phone #: ()		Unit Leader Making Request:	
Request Made Fe	or: Youth /Adult		
		(Name)	(Age)
Type of Physical	Arrangement, Ass	sistance Requested or Special Dietary Re	equest:
Date Filed with	Council:		
Copy to Camp D	Director:		
Copy to Kitchen	Director:		
Return to:	Ozark Trails 1616 S. East		

Springfield, MO 65809 Fax: (417) 883-2534