

**LONGHORN COUNCIL BOY SCOUTS OF AMERICA**  
**REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE**  
**\*\*\*\*INCLUDES SPECIAL DIETARY REQUESTS\*\*\*\***

SPECIAL NEEDS REQUEST

Please Print or Type

Unit Number: \_\_\_\_\_ PACK TROOP CREW District: \_\_\_\_\_  
Circle one of the above)

Summer Camp Attending: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Unit Leader Making Request: \_\_\_\_\_

Phone #: \_\_\_\_\_

Request Made For (Name of Person): \_\_\_\_\_

Type of Physical Arrangement, Assistant Requested or Special Dietary Request:

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For Staff:

File Date: \_\_\_\_\_ Copy of Reservation by: \_\_\_\_\_

Copy to Event Coordinator on \_\_\_\_\_

Fax: (817) 231-8600 or email [camping@longhorn.org](mailto:camping@longhorn.org)