

Cherokee Scout Reservation

Special Needs Request

The staff at Cherokee Scout Reservation will make every reasonable attempt to accommodate participants with special needs. **Special Needs Request Forms should be submitted to the camp leadership, by the unit leader, during the unit's 12-Day-Out Meeting.**

Person's Name: _____

Week Attending Camp: _____ Circle one: Scout Adult Leader

Unit Number: _____ Council/District: _____

Mobility Needs: Does anyone in your unit have a physical need that limits mobility? Please provide details below.

Dietary Needs: Do any of your unit members have special dietary concerns? Please be specific and suggest possible alternatives.

Other Special Needs: Please list any other special needs below.

Person to contact if we have questions:

Name: _____ Phone: _____

Email: _____