

# MUSKINGUM VALLEY SCOUT RESERVATION

## SPECIAL DIETARY AND PHYSICAL NEEDS REQUEST

Request for assistance for youth and/or adults with dietary/special needs at Summer Camp

Camper's Name: \_\_\_\_\_

Circle One: Adult or Youth

Circle One: Pack / Troop / Crew #: \_\_\_\_\_ Council: \_\_\_\_\_

Camp Attending:  Boy Scout Summer Camp; Week # \_\_\_\_\_

Cub Scout Resident Camp

Unit Leader's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of physical arrangements or assistance requested (Please provide details): \_\_\_\_\_

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Dietary restriction (Please provide details): \_\_\_\_\_

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File Date: \_\_\_\_\_ Office personnel Initials: \_\_\_\_\_

Please mail to:  
Muskingum Valley Council  
Boy Scouts of America  
734 Moorehead Avenue  
Zanesville, OH 43701  
740-453-0671 Office  
740-453-2015 Fax