

Special Dietary or Physical Needs Request

Due before June 15 | Make copies as needed

Mail To: Woodland Trails Scout Reservation
ATTN: Camp Director
265 Gasper-Somers Road
Camden, OH 45311

Unit: _____ **Council:** _____ **Unit Leader:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Campsite: _____ **Camp Session:** 1 2 3 4 5

Please explain the requested physical arrangements / needs: _____

Please explain the special dietary needs: _____
