

ScoutCon!

SPECIAL NEEDS REQUEST

REQUEST FOR SPECIAL NEEDS ASSISTANCE

**** INCLUDES FOOD ALLERGIES ****

**This form is for detailed information – and
MUST BE COMPLETED & SENT IN BY
OCTOBER 16, 2021**

Return to the Quivira Council Program Department

***Needs Request must also be indicated online through
registration in Black Pug.***

Please Print or Type

Unit Type: [] Troop or [] Crew; Unit #: _____ Council: _____ District: _____

Unit Leader Making Request: _____

Unit Leader's Phone #: (_____) _____

Request Made For (Name of Person): Y or A _____
(Circle)

Type of Physical Arrangement, Assistance Requested, or Food Allergies:
(Please circle the need)

OFFICE USE: Copy to Food Coordinator on _____.

Return to: Quivira Council Program Department/ScoutCon
3247 N. Oliver, Wichita, KS 67220
or scan and email: Candice.chase@scouting.org