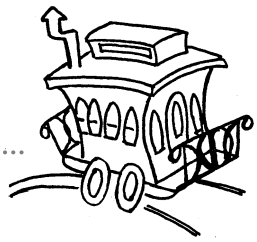
CAMP BOYHAVEN SUMMER CAMP PROGRAMS

Twin Rivers Council, Boy Scouts of America

3430 Boyhaven Road - Middle Grove, NY 12850 - (518) 885-7800 - Fax: (518) 885-9355

"Building Memories and Putting Values in Action"



Request for Accommodation for a Camper or Leader

Any and all efforts will be made to make reasonable accommodations for campers or leaders with legitimate needs. All others cannot and will not be considered. Examples of need are medical, dietary, physical limitations, etc.

*Please note: If accommodations requested are due to a medical condition, this medical information **must** appear on the camper's or leader's medical form.*

☐ Youth / ☐ Adult Dates Attending Camp: _____

Name: _____ Pack Number _____ District _____
Home Phone Number: _____ Alternate Phone Number: _____
Email: _____

Please explain what accommodation is needed:

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In order for us to consider your request, this form must be attached to your registration form ***AND*** your medical form. Please make a copy before mailing it to us.