

2017 CFL Accommodation Request Form

This form must be filled out if your unit has a camper, youth or adult, who requires a dietary accommodation or physical accommodation while at camp. Use a separate form for each camper. Completed forms must be emailed to thomas.barrington@scouting.org at any time or faxed directly to camp at any time after June 1, 2017. Forms must be received at least one week prior to your arrival at camp. Direct any questions to the Three Fires Council office by calling at 630-584-9250.

CFL Office Number: (608) 586-4312 Fax Number: (608) 586-4762

Dates at CFL: _____ Week at CFL: _____

Unit #: _____ Council: _____

Campsite: _____ Patrol: _____

Name (First/Last): _____ Date of Birth: _____

Parent/Guardian Name (First/Last): _____ Attending camp? YES / NO

*Parent/Guardian Signature: _____ Date: _____

*This signature authorizes Camp Management to share the medical and dietary request information on this form with appropriate camp staff.

Circle all that apply: Nut Free Gluten Free Vegetarian Dairy Free Egg Free Pork Free

Other (explain below): _____

Please note all medical and dietary requests and explain any accommodations needed below:

For Internal Use: