

Pack Leadership & Special Needs Form

Camp Acahela can better serve you and all units in camp if we have some important facts about your pack. Please fill in the form below.

Pack #: _____ **Council:** _____ **District:** _____

Pack's Hometown: _____ Dates Attending: _____

Chartered Organization: _____

Pack Camp Leader:_____

Address: _____

City: _____ State: _____ Zip: _____

Day/Home Phone: _____ Cell Phone: _____

E-mail: _____

If different than Camp Leader above...

Cubmaster:_____ **Cell Phone:**_____

Email: _____ Day/Home Phone: _____

Special Needs:

Camp Acahela is committed to accommodating all of your Pack needs. However, advance notice is often required. **Please list below any special** needs of Scouts and leaders in your Pack that we should know about, including physical disabilities and medical conditions. Special dietary requirements should not be listed on this form – they should be listed on the separate Special Dietary Needs Form.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.