2017 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, medical conditions and dietary requirements.