



Camp Greilick
Scenic Trails Council
BOY SCOUTS OF AMERICA

1499 Business Park Drive
Traverse City, MI 49686-8741
231-947-7071
www.stcbsa.org

For Office Use Only:

Received (Date): _____

Call Made (Date): _____

Summer Camp Special Needs Form

Unit #: Pack Troop Crew _____

Dates Attending: _____

Leader Name: _____ Phone #: _____

Email: _____

Do any participants require a special diet do to allergies, medication, etc? Yes No
If so please list who and what substitutes are required.

Do any participants have disabilities our staff will need to make special accommodations for? I.E. breathing machines, mobility issues, etc. Yes No
If so please list who and what the disabilities are.

Will your unit be coming in early on Saturday due to travel? Yes No
If so what date and at what time? Date: _____ Time: _____

Does your unit have plans to do their own cooking for the week of summer camp?
 Yes No

If so, you must contact the Camp Director ASAP and do you plan to:

- provide your own food (easiest way to do this buying the food in Traverse City!!!)
- have our camp provide food for you (must plan meals with us)

Other Concerns: _____

