



Special Needs Request

Purpose

The purpose of this document is to indicate to all event staff any needs your group may have. We are YM360 will always aim to go above and beyond to meet the needs of your group when able. Know that we will do all we can to assist the needs of individuals in your group, but at times are limited based on the circumstances. Once we have received this document, a YM360 staff member will respond.

Please Review, Complete and Notate Needs

Camp Location: _____

Camp Dates (including year): _____

Group Leader Name: _____

Group Leader Phone Number: _____

Church Name: _____

Church Address: _____

Name of Individual with Disability: _____

Age of Individual with Disability: _____

Gender of Individual with Disability: _____ Male _____ Female

Please select the following to indicate the type of special need for this individual:

_____ Physical Disability (Wheelchair Access Needed)

_____ Physical Disability (Wheelchair Access Not Needed)

_____ Blind

_____ Deaf or Hearing Impaired

Are you bringing an interpreter? _____ Yes _____ No

Would you like reserved seating? _____ Yes _____ No

_____ Other Disability - Please explain: _____

_____ Food/Substance Allergy – Please explain: _____
