



## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_