

PEAK 2010



CAMPING REQUIREMENTS

Please provide details of campers with any special requirements for health or religious reasons.

If you need to camp on a particular subcamp or with or next to another group please give details at item 6 below

Number of campers in group with special requirements (Please insert number and give details overleaf - name, age, nature of disability or significant medical condition)

Please indicate (by ticking boxes) details of services required by them

1. Fridge space for drugs e.g. insulin
2. Special need toilet facilities Male Female
3. Washing facilities for religious / medical reasons
(Please detail requirements)

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4. Wheelchair access
5. Electricity for Medical equipment
(please give full details of the equipment below)

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6. Other requirements: please specify below
(Include need to camp on a particular subcamp or with or next to another group)

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Group Name:

Leader name:

Please return this form with your booking form to Mrs Elaine Wright, Peak 2010
PO Box 7762, Derby DE1 0SG by 31 January 2010

Camp Organiser: Stuart Groom, Deputy Organiser: Ann Medcalf
Registered Charity No: 1019079 (Scouts) No: 504343 (Guides)

Issue date: August 2009