

Philmont Training Center Special Request Form

You will be able to provide this information during your online registration process. Should you need to let us know of any additional special information, please use this form.

Name: _____ Age: _____

Address: _____ Male _____ Female _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____

Conference (or attending with): _____

Conference Dates: from: _____ to: _____

I will need Special Housing _____

Diet Restriction _____

Other _____

TYPE OF REQUEST

___ **Special Housing** (due to mobility restrictions). *Please provide a brief description:*

Need accessible housing _____ (Be aware that our only housing is tents.)

___ **Special Diet.** *Please provide a brief description:*

Philmont's isolated location limits the availability of many specialized or Kosher food items. You will need to bring special or Kosher food items from home. Philmont's food service staff will make every effort to meet your needs but may not be able to accommodate person following strict diets for religious or medical reasons.

___ **Other Needs.** *Please provide a brief description:*

**Please fax a copy to 575-376-2629, or e-mail (trainingcenter@philmontscoutranch.org), or mail to:
Philmont Training Center, 17 Deer Run Road, Cimarron, NM 87714.**