

Please list any Dietary, Medical Restrictions or Special Accommodations

<i>Arrowman's Name</i>	<i>Dietary, Medical Restriction(s) or Accommodations</i>
<i>1</i>	
<i>2</i>	
<i>3</i>	
<i>4</i>	
<i>5</i>	
<i>6</i>	

*Reminder: Be sure to fill out a Tour Permit
Meet all your Deadlines
Complete Dietary, Medical Restrictions or Special Accommodations
Reservation are required for Motor Homes, travel trailers etc.
No Refunds
The C.O.C. has stated that there will be no walk-ins
Be sure to collect any late fees if applicable
Forms and Check are to be mailed to the following address:*

*Tom Mills % Gerald R. Ford Council
Attention Region C-2B Conclave
Account Number 669
3213 Walker Ave. NW
Grand Rapids, MI 49544-9775*

You may reproduce this form as necessary