



BCLM REGIONAL EVENT Special Accommodations Request Form



Loyalty

Character

Sportsmanship

BCLM Member Full Name (*please print*) _____

Parent / Guardian Full Name (*please print*) _____

Phone #: () _____ Branch _____

Email address _____

BCLM Regional Event _____

Please outline the specific accommodations being requested for consideration on behalf of the member named above, at the BCLM Regional event above mentioned:

ENTRY SECRETARY: In accordance with CPC National Operations procedures, the Accommodations Committee as directed has met and discussed the accommodations request detailed above and has: [___ approved / ___ not approved] the request, on this _____ day of _____, 20____.

PARENT/GUARDIAN for member submitting request: _____

DISCIPLINE CHAIR: _____

REGIONAL CHAIR (or appointed regional executive representative): _____

REGIONAL TESTING CHAIR (if a testing question involved): _____