

Annual Permit Application for Recreational Camps Recreational Camp Regulation (MR 327/88R) www.manitoba.ca/healthprotection

Recreational Camp Name:		
Camp Address:		
City, RM:		
Telephone:		Email:
Mailing Address for Recreational Camp Same as Above		Alternative Address:
Address (Street, PO.Box):		
City:	Prov:	Postal Code:
Legal Name of Business Owner (or Company):		
Contact Information		
Recreational Camp Director:		
Telephone:		Email:
Waterfront Supervisor:		
Lifeguard Qualification:		
Recreational Camp Operation Details If seasonal operation, please specify opening and closing dates:		
Provide details as to how the camp intends to provide adequate medical care:		
For Recreation Camps on a Semi-Private Water System Date of last bacteriological sampling		
Date of last well disinfection (if applicable):		