

RECREATIONAL CAMP APPLICATION

APPLICATION IS HEREBY MADE FOR PERMISSION TO OPERATE A RECREATIONAL CAMP DURING THE 20__ SEASON.

1. Name of Camp: _____
2. Owned/operated by: _____
3. Name of Camp Director: _____
4. Mailing address: _____ Phone #: _____
Exact location: _____
5. Name and address of person to contact prior to camp opening for assistance in order to carry out annual inspection of facilities: _____

6. Is camp location a permanent site? _____ Temporary? _____
7. Type of camp (i.e. seasonal, year-round): _____
If seasonal, dates of operation: _____
8. Camp facilities will accommodate: _____ Males _____ Females
9. Expected total number of campers for the entire season: _____
10. Is a medical examination required prior to attending camp:
For Campers? _____ For Staff? _____
11. Is there a Doctor in residence? _____ On-Call? _____
12. Is there a Nurse in residence? _____
13. Name and qualifications of waterfront supervisor: _____
14. Provide details as to how the camp intends to provide *Adequate medical care*.

15. Provide details as to how the camp intends to provide water front supervision (if applicable).

16. Provide specifications of the potable water supply and food handling facilities for the camp.

I HEREBY CERTIFY THE FOREGOING TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND INFORMATION.

Date of Application

Signature of Applicant

NOTE: COMPLETED APPLICATIONS MUST BE MAILED OR RETURNED TO THE PUBLIC HEALTH INSPECTOR FOR THE AREA IN WHICH THE CAMP IS LOCATED.