



# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

JOHN P. ZUPPE

DIRECTOR OF PUBLIC HEALTH

## Recreational Camps, Overnight Camps or Cabins, Motels and Trailer Camps

Name of Camp and Federal ID Number \_\_\_\_\_

Camp address and phone number \_\_\_\_\_

Camp owner name, address and phone number \_\_\_\_\_

**CAMP CONTACT PERSON NAME & PHONE NUMBER** (if different from above)

### **PREFERRED MAILING NAME AND ADDRESS**

1. Type of Camp.....DAY\_\_\_\_\_OVERNIGHT\_\_\_\_\_

2. Land area of camp\_\_\_\_\_

3. Opening Day\_\_\_\_\_

6. Closing Day\_\_\_\_\_

7. Number of persons to be accommodated- DAY\_\_\_\_\_WEEK\_\_\_\_\_SEASON\_\_\_\_\_

8. Number of Physically Handicapped to be accommodated DAY\_\_\_\_\_WEEK\_\_\_\_\_SEASON\_\_\_\_\_

9. Water Supply ....Source\_\_\_\_\_

10. Sewage Disposal Method\_\_\_\_\_

11. Number of toilet facilities available- MALE\_\_\_\_\_FEMALE\_\_\_\_\_

12. Laboratories available\_\_\_\_\_

13. Refuse storage method\_\_\_\_\_

14. Refuse disposal method\_\_\_\_\_

15. Swimming pool available\_\_\_\_\_

16. Food prepared on location\_\_\_\_\_

17. Milk supply source\_\_\_\_\_

18. Number of medical personnel present and describe their duties:\_\_\_\_\_

19. If this is an original application, attach plan of all buildings, structures, fixtures and facilities.

20. Medical records are required (physicals) of all campers and staff prior to attendance or employment, said records to be current within (2) years attendance or employment.

**FEE: \$165.00 PAYABLE TO THE CITY OF WALTHAM**

119 School Street, Waltham, MA 02451 781-314-3305 Fax: 781-314-3319