

Camp Application

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**TOWN OF NORTH READING
APPLICATION FOR A LICENSE TO CONDUCT A
RECREATIONAL CAMP FOR CHILDREN**

Fee: \$100.00

Name of Camp _____

Site Address _____

Site Telephone _____

Name of Camp Owner _____

Office Address _____

Telephone Number _____

Name of Camp Operator (on site) _____

Address _____

Telephone Number _____

Name of Health Care Consultant _____

Telephone Number _____

Type of Camp Day _____ Residential _____

Hours of Operation _____

Dates of Operation Opening _____ Closing _____

Meals Provided Yes _____ Food Permit Number _____

#Staff per season: _____ #Volunteers per season: _____ #Campers per season: _____

Signature of Applicant _____

Official Title _____ Date _____

**Enclose Camp Manual as well as Policy & Procedures with application.
If Cori's, Sori's and Medical forms not provided to Board of Health prior to start
of camp it will not be allowed to open.**