TOWN OF NORTHBOROUGH BOARD OF HEALTH
Town Hall Offices • 63 Main Street • Northborough, MA 01532 • 508-393-5009 • 508-393-3130 Fax

APPLICATION
FOR PERMIT TO OPERATE A RECREATIONAL CAMP FOR CHILDREN
(CHAPTER 4 105 CMR 430.000.)

Fee $50.00
Make checks payable to the
Town of Northborough

(PRINT OR TYPE)
Name of Camp _____

Camp Site Address _____

Mailing Address _____

DIRECTOR INFORMATION:

Name _____

Address _____

Day Time Phone # _____

Emergency Response Person _____

Emergency Phone # _____

MEDICAL CONSULTANT INFORMATION:

Name _____

Address _____

Day Time Phone # _____

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HEALTH SUPERVISOR INFORMATION:

Name _____

Address _____

Day Time Phone # _____

CAMP INFORMATION:

Dates in session _____

Hours of operation _____

Number of Campers _____

Number of Counselors _____

Water Supply: ____ Public ____ Private Well (Attach current well report)

Number of Toilets: Men _____ Women _____ Handicapped _____

Sewage Disposal: _____ Public ____ Private (Attach current pumping report)

_____ _____
Signature of Camp Director Date

Camp Permit $50.00 (per calendar year) payable to: Town of Northborough
Payment is due with application.

Office Use:
Date Paid _____ Check # _____

Camp Permit # _____