



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS
Board of Health

(508)645-2105 (ph)
(508)645-2110 (fax)
9am - 2pm M - F

Permit # _____
Fee: _____

**Application for a License to conduct a
RECREATIONAL CAMP FOR CHILDREN**

Name of Camp: _____
Address: _____ Phone (site): _____

Camp Owner: _____ Phone: _____
Address: _____ E-mail: _____

Camp Operator: _____ Phone: _____
E-mail: _____

Dates of Operation: Opening: _____ Closing: _____
Hours of Operation: _____ to _____ on (days of the week): _____

Type of Camp: Day / Residential Camper Capacity #: _____ # Staff on-site (include volunteers): _____

Medical Director: _____ Phone: _____
Title and Medical License #: _____ E-mail: _____

Health Care Consultant (on-site) _____
Type of Medical License, Registration or Training, and License #, if any _____

Other qualified personnel/qualifications: _____

Meals Provided: Y / N If yes, Food Establishment Permit #: _____ Valid until: _____

Signature of Applicant: _____ Date _____

Print Name/Title of Applicant _____

Approved: _____
Board of Health Signature Approval Date

See reverse for a list of documents that must be completed and submitted with your application.