pennsylvania
DEPARTMENT OF HEALTH

2016 Annual Registration for Organized Camps

This form is used to register your organized camp(s) with the Pa. Department of Health for the 2016 season. You may fill it out electronically or print the blank form to write in your answers (please print legibly). The form provides room to list up to five camps by one owner, but you may attach additional pages, if necessary. Only one $10 registration fee is required per camp owner. Send your completed registration form and $10 check (made payable to Commonwealth of Pennsylvania) to Pa. Department of Health; Bureau of Community Health Systems; Room 628, Health and Welfare Building; 625 Forster St., Harrisburg, PA 17120. **Registration for the 2016 season is due by May 31, 2016.** If you have any questions, please call 717-787-4366.

OWNER/OPERATOR NAME _____

Owner mailing address – street/PO box _____

Owner mailing address – city, state, zip _____

Owner phone no. _____ Owner fax no. _____

Owner email address _____

First CAMP NAME _____

Physical location – street _____

Physical location – city, state, zip _____

Physical location – county _____

Camp phone no. _____ Camp fax no. _____

Camp email address (if applicable) _____

Camp website (if applicable) _____

This camp is: open this season ☐, closed this season ☐, or permanently closed ☐

Does this camp have a kitchen that prepares and serves food to campers? Yes ☐ No ☐

Does this camp provide overnight lodging for campers? Yes ☐ No ☐

Does this camp have a: pool ☐, spa ☐, or beach ☐ as part of its program?

Second CAMP (same owner) _____

Physical location – street _____

Physical location – city, state, zip _____

Physical location – county _____

Camp phone no. _____ Camp fax no. _____

Camp email address (if applicable) _____

Camp website (if applicable) _____

This camp is: open this season ☐, closed this season ☐, or permanently closed ☐

Does this camp have a kitchen that prepares and serves food to campers? Yes ☐ No ☐

Does this camp provide overnight lodging for campers? Yes ☐ No ☐

Does this camp have a: pool ☐, spa ☐, or beach ☐ as part of its program?

Third CAMP (same owner) _____

Physical location – street _____

Physical location – city, state, zip _____

Physical location – county _____

Camp phone no. _____ Camp fax no. _____

Camp email address (if applicable) _____

Camp website (if applicable) _____

This camp is: open this season ☐, closed this season ☐, or permanently closed ☐

Does this camp have a kitchen that prepares and serves food to campers? Yes ☐ No ☐

Does this camp provide overnight lodging for campers? Yes ☐ No ☐

Does this camp have a: pool ☐, spa ☐, or beach ☐ as part of its program?

Fourth CAMP (same owner) _____

Physical location – street _____

Physical location – city, state, zip _____

Physical location – county _____

Camp phone no. _____ Camp fax no. _____

Camp email address (if applicable) _____

Camp website (if applicable) _____

This camp is: open this season ☐, closed this season ☐, or permanently closed ☐

Does this camp have a kitchen that prepares and serves food to campers? Yes ☐ No ☐

Does this camp provide overnight lodging for campers? Yes ☐ No ☐

Does this camp have a: pool ☐, spa ☐, or beach ☐ as part of its program?

Fifth CAMP (same owner) _____

Physical location – street _____

Physical location – city, state, zip _____

Physical location – county _____

Camp phone no. _____ Camp fax no. _____

Camp email address (if applicable) _____

Camp website (if applicable) _____

This camp is: open this season ☐, closed this season ☐, or permanently closed ☐

Does this camp have a kitchen that prepares and serves food to campers? Yes ☐ No ☐

Does this camp provide overnight lodging for campers? Yes ☐ No ☐

Does this camp have a: pool ☐, spa ☐, or beach ☐ as part of its program?