



2021 Annual Registration for Organized Camps

This form is used to register your organized camp(s) with the Pa. Department of Health for the 2021 season. 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; 30 Kline Plaza, Harrisburg, PA 17104. **Registration for the 2021 season is due by May 31, 2021.** 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?