



**Town of West Stockbridge  
Board of Health  
Camp License Application**

**Fee: \$50 per session**

\_\_\_ New License

\_\_\_ Renewal

Organization Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Camp Location \_\_\_\_\_

\_\_\_ Day \_\_\_ Overnight \_\_\_ Residential Number of Sessions \_\_\_\_\_

Resident Director \_\_\_\_\_ Telephone # \_\_\_\_\_

Experience \_\_\_\_\_

**Session #1**

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

# of Counselors \_\_\_\_\_ Ages \_\_\_\_\_ # of Campers \_\_\_\_\_ Ages \_\_\_\_\_

**Session #2**

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

# of Counselors \_\_\_\_\_ Ages \_\_\_\_\_ # of Campers \_\_\_\_\_ Ages \_\_\_\_\_

**Session #3**

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

# of Counselors \_\_\_\_\_ Ages \_\_\_\_\_ # of Campers \_\_\_\_\_ Ages \_\_\_\_\_

**Session #4**

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

# of Counselors \_\_\_\_\_ Ages \_\_\_\_\_ # of Campers \_\_\_\_\_ Ages \_\_\_\_\_

**Session #5**

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

# of Counselors \_\_\_\_\_ Ages \_\_\_\_\_ # of Campers \_\_\_\_\_ Ages \_\_\_\_\_

**Session #6**

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

# of Counselors \_\_\_\_\_ Ages \_\_\_\_\_ # of Campers \_\_\_\_\_ Ages \_\_\_\_\_

**Camp Activities** \_\_\_\_\_

**Medical Requirements**

Physician on Call \_\_\_\_\_ Telephone # \_\_\_\_\_

***Complete health records of staff and campers, as well as medical and injury reports, must be kept current and available for inspection.***

**Facility Requirements and Information**

**Sewage:** \_\_\_ Public \_\_\_ Private

**Water:** \_\_\_ Public \_\_\_ Private

Adequate toilets and showers? \_\_\_ Yes \_\_\_ No Location \_\_\_\_\_

Milk Source \_\_\_\_\_ Meals Provided? \_\_\_ Yes \_\_\_ No

Name and Location of Licensed Food Vendor \_\_\_\_\_

***I certify, under the pains and penalties of perjury, that I have read and am in compliance with the provisions of 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children.***

**Date of Application** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

Printed Name and Address of Applicant \_\_\_\_\_

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