

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Public Health Sanitation and Safety Program
PO Box 369, Trenton, NJ 08625-0369**

**APPLICATION FOR CERTIFICATE OF APPROVAL TO OPERATE A YOUTH CAMP
(AUTHORITY: N.J.S.A. 26:12-6)**

CAMP STATUS		FOR STATE USE ONLY	
Status <i>(Please check only one)</i> : <input type="checkbox"/> Active / will operate this season <input type="checkbox"/> Inactive / will not operate this season <input type="checkbox"/> Out of Business / no longer in operation Application Type: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Camp ID#: _____		Amount Received: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order No.: _____ Date: _____ Permanent Camp ID Number: _____	
CAMP IDENTIFICATION			
Name and Mailing Address of Owner or Corporation		Camp Name and Address	
Name: _____		Name: _____	
Address: _____		Address: _____	
City / State / Zip: _____		City / State / Zip: _____	
Phone Number: _____		Phone Number: _____	County of Camp Location: _____
Email Address: _____	<input type="checkbox"/> I would like to receive updates via email	Camp Director: <i>First / Middle / Last</i> _____	
If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:			
<input type="checkbox"/> Name of Owner or Corporation:		<input type="checkbox"/> Name of Camp:	
<input type="checkbox"/> Address:		<input type="checkbox"/> Address:	
<input type="checkbox"/> City / State / Zip:		<input type="checkbox"/> City / State / Zip:	
<input type="checkbox"/> Phone Number:		<input type="checkbox"/> Phone Number: _____	<input type="checkbox"/> County of Camp Location: _____
<input type="checkbox"/> Email Address:		<input type="checkbox"/> Camp Director: <i>First / Middle / Last</i> _____	
CAMP INFORMATION			
<u>Weekly</u> Summer Camp Attendance	Total Summer Camp Attendance	Age Group Served	
Dates of Camp Session(s): Open: _____ Close: _____ _____ _____ _____ _____ _____		Activities: <input type="checkbox"/> Archery <input type="checkbox"/> Field Trips <input type="checkbox"/> Rope Course <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Travel Camp <input type="checkbox"/> Boating <input type="checkbox"/> Overnights <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Field Sports <input type="checkbox"/> Riflery <input type="checkbox"/> Other: _____ <input type="checkbox"/> Apparatus over 10': <input type="checkbox"/> Zip Line <input type="checkbox"/> Rock Climbing Wall <input type="checkbox"/> Ropes/Challenge Course <input type="checkbox"/> Swimming: Onsite Offsite Location Pool <input type="checkbox"/> <input type="checkbox"/> _____ Lake <input type="checkbox"/> <input type="checkbox"/> _____ Ocean <input type="checkbox"/> <input type="checkbox"/> _____ River <input type="checkbox"/> <input type="checkbox"/> _____	
Campers <input type="checkbox"/> Girls Only <input type="checkbox"/> Coed <input type="checkbox"/> Boys Only <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____			
Water Supply <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Waste Disposal <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic System	Will your camp participate in the NJ Department of Agriculture Summer Lunch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CERTIFICATION BY APPLICANT			
<i>I have received and read N.J.A.C. 8:25 New Jersey Youth Camp Safety Standards. I certify that this camp meets these Standards. I understand that I will be liable for fines, not to exceed \$1,000, for any violation of the Standards or of any rule or regulation duly issued thereunto or order issued pursuant thereto. I certify the statements made in this application are true, complete and correct to the best of my knowledge and belief.</i>			
Name of Applicant <i>First / Middle / Last</i> _____		Title of Applicant _____	
Signature of Applicant _____		Date _____	
FEE SCHEDULE			
Camp Type <i>(Please check only one)</i> : <input type="checkbox"/> Day <input type="checkbox"/> Resident <input type="checkbox"/> Day and Resident (Same Location)		Annual Fee \$50.00 \$100.00 \$100.00	Return completed application to the above address. Make Check/Money Order payable to: "TREASURER, STATE OF NEW JERSEY"