

**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 Name: _____ Address: _____ City / State / Zip: _____ Phone Number: _____ Email Address: _____	Camp Name and Address Name: (see attached list) Address: Single Sport Youth Camps (see attached list) Phone Number: (see attached list) County of Camp Location: (see attached list) Camp Director: <i>First / Middle / Last</i> _____
<input type="checkbox"/> I would like to receive updates via email	

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"/> Address: <input type="checkbox"/> City / State / Zip: <input type="checkbox"/> Phone Number: <input type="checkbox"/> Email Address:	Comments: _____
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CAMP INFORMATION		
<u>Weekly</u> Summer Camp Attendance	Total Summer Camp Attendance	Age Group Served
Dates of Camp Session(s): <p align="center">(see attached list)</p>	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 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
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CERTIFICATION BY APPLICANT

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.

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: <p align="center">"TREASURER, STATE OF NEW JERSEY"</p>

Single Sport Youth Camps Location List

Permanent ID # _____

Camp Name	Location Address	City / State / Zip		
Phone Number (at Camp)	County	<input type="checkbox"/> Day Camp <input type="checkbox"/> Resident Camp <input type="checkbox"/> Day and Resident Camp	Start Date	End Date

Camp Name	Location Address	City / State / Zip		
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Phone Number (at Camp)	County	<input type="checkbox"/> Day Camp <input type="checkbox"/> Resident Camp <input type="checkbox"/> Day and Resident Camp	Start Date	End Date

Total Campers - Weekly
Total Campers - Season

Total Day Camps
Total Resident Camps
Total Day and Resident Camps

@ \$50.00 =
@ \$100.00 =
@ \$100.00 =
Total Amount Due