

Fee: \$ 50.00 Sport Camp
\$200.00 Rec. Camp

TOWN OF MIDDLEBOROUGH
BOARD OF HEALTH

To the Board of Health of the Town of Middleborough:

Application is hereby made for a permit to Operate a
RECREATIONAL CAMP FOR CHILDREN

Name of Applicant

Type of Facility

No. Street Town Zip Code

Telephone No. _____ Units _____

If applicant is a partnership, full name and residence of all OWNERS:

NUMBER OF CAMPERS: _____ NUMBER OF STAFF: _____

NUMBER OF DAYS PER/YEAR CAMP IN OPERATION: _____

If applicant is a corporation, full name and address of:

President _____

Treasurer _____

Clerk _____

Signature _____

Date _____