



Fairfield County
**Health
 Department**

R. Joseph Ebel RS, MS, MBA
 Health Commissioner

Licensing Year: _____

Application to Operate a Resident or Day Camp

- Resident Camp Primitive Resident Camp Day Camp Primitive Day Camp

Name of Camp:	Telephone Number:
Address of Camp:	
Name of Camp Operator:	
Address of Camp Operator:	
Telephone Number of Camp Operator:	Effective:

I hereby certify that I am the Operator, or authorized representative of the camp indicated above.

Singed _____ Date _____

Proposed Camp Dates:

To be completed by the health district having jurisdiction

Permission to operate granted in accordance with applicable section of rules 3701-25-01 to 3701-25-22 of the Ohio Administrative Code.

By _____ Date _____ Authorization No. _____