



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES**

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APPLICATION FOR ORGANIZED CAMP

THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN APPROVAL FROM THIS DEPARTMENT BEFORE OPERATING.

1. Camp Information

Date: _____

Name of Camp:			
Physical Location:			City:
Mailing Address:		City:	Zip:
Name of Camp Director/Representative:		Phone:	Fax:
Camp Email:		Camp Web Address:	
Camp/Property Owner:			Phone:
Type of Operation:	Residential Camp	Rental and Lease Program	Residential AND Rental and Lease Program

2. Organization Information (If Rental Group Different From Above)

Name of Organization:			
Mailing Address:		City/State:	Zip:
Name of Organization Representative:		Phone:	Fax:
Organization Email:		Organization Web Address	

3. Operational Details

Date Staff Arrives:		Date Camp Opens:	
Total Length of Camp Operation:	Seasonal	Year Round	Length of Each Camp Session
Number of Camp Staff:	Number of Child Campers:		Number of Adult Campers:
Food Service Provided: Yes No		Swimming Pool Activities Provided: Yes No	
List All Recreational Activities Available to Campers, Use Additional Pages if Necessary:			

For Department Use Only. Do Not Write Below This Line

DATE: FACILITY ID #: PROGRAM ID #: PE: **2444** INITIALS

COMMENTS:

APPROVED TO ISSUE PERMIT YES NO APPROVED BY: _____, EHS DATE:

IF NO, STATE REASON PERMIT NOT APPROVED: