



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

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
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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:	Zip:
GPS Coordinates: <small>(Please use Google Maps to obtain this information and use decimal degrees) Example: Lat: 35.27406, Long: -120.6722</small>		Latitude:	Longitude:
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 OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ ASSIGNED TO _____ ENTERED BY _____ ENTERED DATE _____

PE# _____ AMOUNT DUE _____ AMOUNT PAID _____ CHECK OR CC AUTH # _____ CASH _____

NONPROFIT: 501C FORM ATTACHED YES NO VETERAN EXEMPT PAPER WORK ATTACHED YES NO

PR# _____ SR# _____ FA# _____ INVOICE NUMBER _____

INSPECTOR APPROVED _____ DATE _____