



Office Use

Case # _____ Date _____ Initial _____
 Amt _____ Check # _____ Code _____ Receipt # _____

RECREATIONAL GROUP CAMP FACILITY APPLICATION

Camp Name: _____ **Address:** _____

Date Camp Opens: _____ **Date Camp Closes:** _____

Camp/Manager Information:	Mailing Address (if different):
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
Camp contact information (if different from above):	

My facilities, ownership, and management are the same as last year ☐ yes ☐ no.

If no, fill out the Group Camp Facility Information sheet (page 2)

Service and Fees			
Clearly mark your selection in the right column			
Recreational Group Camp	\$547	H_HCS_CP001	<input type="checkbox"/>
Hourly Rate for Extended Services	\$130	H_HCS_CP009	<input type="checkbox"/>
Late Fee	\$50	H_HCS_CP010	<input type="checkbox"/>

NOTE: All food handling personnel are REQUIRED to have a current food worker card. If you are interested in scheduling a food worker class, please call 509-575-4040.

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the permit process. I understand that this application will become part of the public record, and that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays in completing your requests, permit revocation, and/or additional costs.

Applicant Signature _____ **Date** _____



GROUP CAMP FACILITY INFORMATION

Occupancy				
Maximum Occupancy:		Campers:	Staff:	
Dwelling Units				
Number of Cabins:	Size:	Occupancy:		
Number of Dorms:	Size:	Occupancy:		
Number of Family Units:	Size:	Occupancy:		
Number/Type of Other Units:	Size:	Occupancy:		
Laundry Facilities				
Location (if present):		# Washers:	# Dryers:	
Restrooms		M	F	General
Central Restrooms	# Toilet Facilities			
	# Handwashing Sinks			
	# Shower Facilities			
Private Restrooms	# Toilet Facilities			
	# Handwashing Sinks			
	# Shower Facilities			
Sewage Disposal – name of pumper and frequency of pumping				
Garbage Disposal – name of company and frequency of pickup				
Water System				
System Name:		ID Number:		
Swimming Pool				
Does this camp have a swimming pool?		Is it lifeguarded?		
What is the maximum occupancy?		How many gallons?		