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|-------------------|---------|---------|-----------|
| <i>Office Use</i> | | | |
| 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 _____

Revised 102324



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 | | | | |
| 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? | | |