

GREENE COUNTY COMBINED HEALTH DISTRICT  
360 WILSON DRIVE  
XENIA, OH 45385  
(937) 374-5600 Fax: (937) 374-5675

**APPLICATION FOR PERMISSION TO OPERATE  
A RESIDENT CAMP OR DAY CAMP**

Name of Camp \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

I / We \_\_\_\_\_

Hereby apply for permission to operate a camp in  
Greene County Combined Health District

**PLEASE CHECK TYPE OF CAMP**

- Resident Camp                       Day Camp  
 Primitive Resident Camp               Primitive Day Camp

**PLEASE CHECK IF THE CAMP HAS:**

- OEPA Water Supply                       OEPA Wastewater

Camp Location \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I agree to comply with applicable sections of rules 3701-25-01 to 3701-25-22, inclusive of the Ohio Administrative Code.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE HEALTH DEPARTMENT**

Written Authorization given \_\_\_\_\_

Authorization number \_\_\_\_\_

Sanitarian \_\_\_\_\_