Completion & returning this form to the Canton Board of Health Office is respectfully requested. Mail this completed document to: Canton Board of Health, 79 Pleasant Street, Canton, MA as soon as possible. Thank you.

Massachusetts Department of Public Health
Recreational Camps for Children Reporting Form 2019

Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.

<table>
<thead>
<tr>
<th>Canton Board of Health/Health Department Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address: 79 Pleasant Street</td>
</tr>
<tr>
<td>City: Canton</td>
</tr>
<tr>
<td>State: MA</td>
</tr>
<tr>
<td>Zip: 02021</td>
</tr>
</tbody>
</table>

Contact Person(s):
Diane J. White, Admin. Asst.  Tel#: 781 821 5021  Email: dwhite@town.canton.ma.us
John Ciccotelli, Director  Tel#: 781 821 5021  Email: jciccotelli@town.canton.ma.us
Cindy Bonner, Public Health Nurse, Camp Inspector,  Tel#: 781 821 2942  Email: cbonner@town.canton.ma.us

<table>
<thead>
<tr>
<th>Recreational Camp Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMP Name:</td>
</tr>
<tr>
<td>Tel#:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

| OWNERS Name:                |
| DIRECTORS Name:             |

| IN-Season Address (No PO Boxes): |
| City:                           |
| Zip:                            |

| OFF-Season Address:         |
| City:                       |
| State:                      |
| Zip:                        |

Type of Camp: Residential Day Sports Other (specify):

# Staff per season:  # Volunteers per season:  # Campers per season:

Health Care Consultant Name:  License/Registration #:

Completion & return of this document is an important part of the Camp Licensing process. Please provide the correct “Summer Address”, “Camp Director’s Name” and overall number for “Staff” “Volunteers” and “Campers”. ADDITIONALLY we request that you also include the Name and License # of your Health Care Consultant (e.g. – MD/NP).