

# RECREATIONAL CAMP COMPLETION SEASONAL REPORTING FORM

(PLEASE SUBMIT ON OR BEFORE **SEPTEMBER 12<sup>TH</sup>, 2025**)

To: Reading Public Health Department, 16 Lowell Street, Reading MA 01867)

In accordance with **M.G.L. c. 111, §§ 3 and 127A** and **105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV)**, all recreational camps in Massachusetts must be inspected and licensed by the Local Health Department. In addition, **105 CMR 430.632** requires that the Local Health Department notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

Please complete **one form**, for **each individual camp**, that your organization operated in the Town of Reading during the 2025 summer season.

## RECREATIONAL CAMP INFORMATION

Camp Name:

Tel#:

Email:

Owner's Name:

Director's Name:

In-Season Address  
(No PO Boxes):

City:

Zip:

Off-Season Address:

City:

State:

Zip:

Type of Camp:

Residential

Day

Sports

Other (Specify):

Travel/Trip

Primitive

Medical Specialty

# Staff per Season:

# Volunteers per Season:

# Campers per Season:

Health Care  
Consultant Name:

License/Registration #: