

**2019 CAMP COMPLETION SEASONAL REPORT FORM**  
(to be submitted on or before September 10, 2019)

**RECREATIONAL CAMPS FOR CHILDREN**

Please complete one form for each individual camp that your organization operated in Wellesley during the 2019 summer season. **Please print.**

CAMP NAME:	CAMP ADDRESS:
CAMP DIRECTOR:	CAMP PHONE:
WINTER MAILING ADDRESS:	WINTER PHONE:
Street: _____	_____
City: _____	EMAIL ADDRESS:
State:                      Zip:	
HEALTH CARE CONSULTANT NAME:	
LICENSE #:	
# of Campers for season(TOTAL):	# of Staff for season (TOTAL):
# of days of operation (TOTAL):	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Wellesley Health Department  
90 Washington Street  
Wellesley, MA 02481  
PH. 781.235.0135, FAX: 781.235.4685

**Due on or before September 10, 2019**

**LATE FEES APPLY**