

2021 CAMP COMPLETION SEASONAL REPORT FORM
(to be submitted on or before **September 10, 2021**)

RECREATIONAL CAMPS FOR CHILDREN

Please complete one form for each individual camp that your organization operated in Wellesley during the 2021 summer season. **Please print.**

CAMP NAME:	CAMP ADDRESS:
CAMP DIRECTOR:	CAMP PHONE:
WINTER MAILING ADDRESS: Street:	WINTER PHONE:
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, 2021**

LATE FEES APPLY