

Township Old Bridge
Old Bridge Health Dept.
1 Old Bridge Plaza Old Bridge, NJ 08857
732-721-5600 ext. 2390



APPLICATION FOR A PERMIT TO OPERATE A PUBLIC/PRIVATE YOUTH CAMP

Name of youth camp _____

Location/Address _____

Type (public/club) _____

Hours of operation _____

Estimated attendance _____

Duration of season _____

Owner's name _____

Address _____

Telephone _____

Supervisor/Manager _____

Note: Attach a copy of the Certifications for: CPO, life guards, first aid, CPR, camp director, and bus drivers

The undersigned agrees to operate the aforementioned Youth Camp in accordance with provisions of New Jersey and Chapter 536 of the revised General Ordinance of the Township of Old Bridge 536-5, amended April 8, 1996. Youth Camp Safety Act, re-adopted May, 1993.

Owner's Signature _____

Date _____

FEES

Day Camps \$100
Residential Camps \$500