

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

2025 Residential Camp Application
Due by April 30, 2025

Name of Camp :	
Owner/Operator:	Owner Phone Number:
Camp Address:	
Mailing Address:	
Camp Contact Name:	Capacity:
Camp Phone number:	Camp Contact Email:

Date Camp Opens:	Date Camp Closes:
Hours of Operation:	

I agree to comply with applicable sections of rules 3701-25 of the Ohio Administrative Code.

Applicant:	Date:
------------	-------

Office use only Date of Approval: _____ Permit Number: _____
Residential Camps