

Fee: \$25.00

**Town of Westwood**  
Commonwealth of Massachusetts  
**BOARD OF HEALTH**  
**FOOD APPLICATION FOR**  
**RECREATIONAL CAMPS FOR CHILDREN**

Camp Name: \_\_\_\_\_

Camp Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all of the following that apply to your camp.

- Milk or drinks
  
- Lunch – Provide the following information:
  - Menu
  - Transportation of food to campsite
  - Storage of food at camp
  
- Food served at Special Event – Provide the following information:
  - Menu
  - Dates

Source of Food: \_\_\_\_\_  
(i.e. – BJ's, Stop n Shop, School Department)

Please list staff members trained in anti-choking procedures.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How will rubbish be disposed of? \_\_\_\_\_

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Soc. Sec. # or Fed. ID #

\_\_\_\_\_  
Signature of Individual/ Corporate Name

over