

DAY CAMP PERMIT

Application fee: \$50.00

Make check payable to: **Town of Pembroke**

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT

Permit No.: _____

Application Date: _____

Date Permit Issued: _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name: _____
(Full name of person, firm or corporation making application)

Address: _____

Telephone: _____

to operate a **day camp** at _____
(name of location)

(# street)

in the Town of Pembroke from _____ to _____
(day / date)

_____.

(day /date)

Maximum number of day campers: _____

(Signature of applicant)

(Address)

(Telephone)