



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475

Phone 860-661-3300

FAMILY CAMPGROUNDREGISTRATION

Camping units include but are not limited to recreational vehicles, recreational park trailers, camping cabins, housekeeping cabins, tents, tepees, yurts and other rental accommodations that have no hard electrical wiring and no permanent drainage plumbing.

Date: _____

Campground Name: _____

Campground Address: _____ **Town:** _____

Campground Phone#: _____

Owner's/Manager Name: _____

Address: _____ **Town:** _____

Cell Phone#: _____ **Email:** _____

Number of Camping Units: _____ **Dates of Operation:** _____

Water Supply: _____ **Public Water:** _____ **Well Water:** _____

Sewage Disposal: _____ **Public Sewers:** _____ **Septic System:** _____

Swimming Pool on Property: _____ **Yes** _____ **No** _____

Food and Beverages Prepared on Premises: _____ **Yes** _____ **No** _____

Option 1: Mail or drop off form with check. (Payable to: CRAHD)

Option 2: Drop of form with cash. (CRAHD Office).

Option 3: Scan and Email form. crahdoffice@crahd.net

Pay online with a credit card. Use payment link or scan QR code.
<https://www.crahd.info/blank>



Fee: \$150

Applicant Print Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY

Date Paid: _____ **Check** _____ **Cash** _____ **Credit/Debit** _____