



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 \_\_\_\_\_