**ORGANIZATIONAL PASSHOLDER**

**CAMP HARKNESS**

**301 GREAT NECK ROAD**

**WATERFORD, CT 06385**

Camp Harkness is a Connecticut State Park designated for use by individuals with a disability, accompanied by their families and friends. The definition of a disability is a physical or mental impairment, which substantially limits one’s major life activity. Admission to Camp Harkness is by special pass that must be presented at the main entrance of the camp. Please fill out the Camp Harkness Admission Pass Application form below and return it to Jacqueline Staller. Also, any changes in information should be sent to Jacqueline Staller

Jaqueline Staller

DDS South Region

301 Great Neck Road

Waterford, CT 06385

Telephone: 860-443-7818 Fax: 860-447-1554

**\*\*FOR RESERVATIONS OR QUESTIONS REGARDING CAMP PLEASE CALL 860.443.7818\*\***

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**APPLICATION FOR ADMISSION PASS TO CAMP HARKNESS**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Position of Contact: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, City, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION OF DISABILITY**

Brief description of nature of disability and number of individuals in program or residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that the applicant meets the criteria stated above:

Administrative Director or Program Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH, ON LETTERHEAD, THE NAME, ADDRESS AND PHONE NUMBER OF THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, IF APPLICABLE.**

Revised 4/21