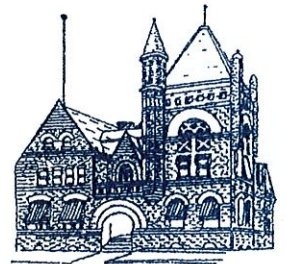




Department of Parks & Recreation

City of West Haven
190 Kelsey Avenue
West Haven, Connecticut 06516



City Hall
1896-1968

Nancy R. Rossi
Mayor

Mark E. Paine Jr.
Director of Parks & Recreation

COVID-19 Relief Form

Summer Camp Programs Reimbursement

Parent's Name - _____

Address - _____

Amount of Reimbursement - _____

(submit the total amount of all children enrolled on the household account for Day Camp, Tiny/Jr Day Camp, Jr. CIT Camp, and Summer Playground Camps at Carrigan, Washington, Molloy, and Haley Schoolyards)

Please attach copies of all registration receipts to this form and mail your camp reimbursement application to:

City of West Haven

Department of Recreation – Attn: Camp Refund

190 Kelsey Ave.

West Haven, CT 06516

For more information contact WH Parks & Rec, (203)937-3651

Office use only: 9005-Park Rec Program Refund

Processed - _____ Approved - _____

Notes -