

# CAMP VENTURE

## CHANGE OF ADDRESS/PHONE and/or NAME\* FORM

NAME: \_\_\_\_\_

FORMER NAME (If applicable): \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER CHANGE:  YES  NO

NEW PHONE NUMBER: \_\_\_\_\_

**\*NAME CHANGES REQUIRE A COPY OF  
YOUR NEW SOCIAL SECURITY CARD**