

Date Submitted: _____

2016 CDB Record of Change

Contact Information:

Troop #: _____

Council Name: _____

Name: _____

Home Phone: _____

Email: _____

Work/Cell Phone: _____

Date confirmed at CDB: _____

Numbers before change:

Base Camp Youth: _____

Base Camp Adult males: _____

Base Camp Adult females: _____

Total Base Camp _____

**Numbers after change: (subject to availability)

Base Camp Youth: _____

Base Camp Adult males: _____

Base Camp Adult females: _____

Total Base Camp _____

*** Please put your high adventure campers below into the specific programs they are booked in.**

	# of Campers	
<u>Name of Trek:</u>	Youth – Adult	
Boonesboro Village	_____	_____
Rock School	_____	_____
Kayak Trek	_____	_____
Raft & Hike Trek	_____	_____
Whitewater Adventure	_____	_____
Zip and Splash	_____	_____
Backpacking Trek	_____	_____
Total High Adventure campers	_____	_____
Total 'Before' Campers: Youth	_____	
Adult	_____	

	# of Campers	
<u>Name of Trek:</u>	Youth - Adult	
Boonesboro Village	_____	_____
Rock School	_____	_____
Kayak Trek	_____	_____
Raft & Hike Trek	_____	_____
Whitewater Adventure	_____	_____
Zip and Splash	_____	_____
Backpacking Trek	_____	_____
**Total High Adventure Campers	_____	_____
Total 'After' Campers: Youth	_____	
Adult	_____	

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Other:

Change week from (date) _____ to date _____ (subject to availability)

For council use only

Date received: _____
Date Entered: _____